

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000016526

**Entity Name:** MH56-ENTERPRISES-LLC

**Current Principal Place of Business:**

13475 ATLANTIC BLVD  
UNIT 8 SUITE M330  
JACKSONVILLE FL, AL 32225

**Current Mailing Address:**

13475 ATLANTIC BLVD  
UNIT 8 SUITE M330  
JACKSONVILLE FL, AL 32225 US

**FEI Number:** 87-4298515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLMES, MICHELE  
13475 ATLANTIC BLVD  
UNIT 8 SUITE M330  
JACKSONVILLE FL, FL 32225 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           DIRECTOR  
Name           HOLMES, DWIGHT S JR  
Address        13475 ATLANTIC BLVD  
                  UNIT 8 SUITE M330  
City-State-Zip: JACKSONVILLE FL AL 32225

Title           CEO  
Name           MICHELE, HOLMES  
Address        13475 ATLANTIC BLVD  
                  UNIT 8 SUITE M330  
City-State-Zip: JACKSONVILLE FL AL 32225

Title           DIRECTOR  
Name           HOLMES, AJA M  
Address        13475 ATLANTIC BLVD  
                  UNIT 8 SUITE M330  
City-State-Zip: JACKSONVILLE FL AL 32225

Title           VP  
Name           HOLMES, DAVON-DWIGHT HENRY  
Address        13475 ATLANTIC BLVD  
                  UNIT 8 SUITE M330  
City-State-Zip: JACKSONVILLE FL AL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELE HOLMES

**CEO**

**04/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date