

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000054567

**Entity Name:** OH MY GOOD GRIEF LLC

**Current Principal Place of Business:**

1669 RACHELS RIDGE LOOP  
OCOEE, FL 34761

**Current Mailing Address:**

1669 RACHELS RIDGE LOOP  
OCOEE, FL 34761

**FEI Number:** 87-2629488

**Certificate of Status Desired:** Yes

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

HOLMES, CHERI  
1669 RACHELS RIDGE LOOP  
OCOEE, FL 34761 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 MGR  
Name HOLMES, CHERI  
Address 1669 RACHELS RIDGE LOOP  
City-State-Zip: OCOEE FL 34761

*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:** CHERI HOLMES

MGR

04/27/2023

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

\_\_\_\_\_ Date