

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000271748

**Entity Name:** ASSURED BOOKKEEPING PLUS, LLC

**Current Principal Place of Business:**

1631 DEL PRADO BLVD S STE 300#1023  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1631 DEL PRADO BLVD S STE 300#1023  
CAPE CORAL, FL 33990

**FEI Number: 88-0947953**

**Certificate of Status Desired: Yes**

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

RAMIREZ, STEPHANIE M  
1631 DEL PRADO BLVD S STE 300#1023  
CAPE CORAL, FL 33990 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 RAMIREZ, STEPHANIE M  
Address 1631 DEL PRADO BLVD S STE  
300#1023  
City-State-Zip: CAPE CORAL FL 33990

*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: STEPHANIE RAMIREZ**

**MNGR**

**02/20/2023**

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

\_\_\_\_\_ Date