## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000335767

Entity Name: 1SELF SUFFICIENT LIVING LLC

## **Current Principal Place of Business:**

705 NE 20TH ST GAINESVILLE, FL 32641

## **Current Mailing Address:**

705 NE 20TH ST GAINESVILLE, FL 32641

# FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

BANKS, KASHARD 705 NE 20TH ST GAINESVILLE, FL 32641 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: KASHARD BANKS

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	AMBR
Name	BANKS, KASHARD
Address	705 NE 20TH ST
City-State-Zip:	GAINESVILLE FL 32641

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: KASHARD BANKS

OWNER

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 02, 2024 Secretary of State 0487343485CC

Certificate of Status Desired: No

02/02/2024

Date

Date