

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000448390

**Entity Name:** NO CUFFS TAMPA, PLLC

**Current Principal Place of Business:**

1925 E. 6TH AVE #7  
TAMPA, FL 33605

**Current Mailing Address:**

7616 COURTNEY CAMPBELL CAUSWAY,  
144  
TAMPA, FL 33607 US

**FEI Number:** 92-0756865

**Certificate of Status Desired:** No

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

JONES, TERRY R  
7616 COURTNEY CAMPBELL CAUSWAY,  
144  
TAMPA, FL 33607 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 AMBR  
Name JONES, TERRY R  
Address 7616 COURTNEY CAMPBELL  
CAUSWAY, 144  
City-State-Zip: TAMPA FL 33607

*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:** TERRY JONES

07/13/2024

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

\_\_\_\_\_ Date