

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000459502

**Entity Name:** SHE BRAGGS DIFFERENT, LLC**Current Principal Place of Business:**1255 AUSTIN ST  
BARTOW, FL 33830**Current Mailing Address:**IN CARE OF JACQUELINE BROOKS  
1501 ZEREGA AVE  
BRONX, NY 10462 US**FEI Number:** 92-0863057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYRICK, PORTIA M  
1255 AUSTIN ST  
BARTOW, FL 33830 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:** PORTIA M MYRICK

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                                 |
|-----------------|-------------------------------------------------|
| Title           | VP                                              |
| Name            | MYRICK, PORTIA                                  |
| Address         | IN CARE OF JACQUELINE BROOKS<br>1501 ZEREGA AVE |
| City-State-Zip: | BRONX NY 10462                                  |

|                 |                                                 |
|-----------------|-------------------------------------------------|
| Title           | MANAGER                                         |
| Name            | BRAGGS, MYEOSHE                                 |
| Address         | IN CARE OF JACQUELINE BROOKS<br>1501 ZEREGA AVE |
| City-State-Zip: | BRONX NY 10462                                  |

|                 |                                                 |
|-----------------|-------------------------------------------------|
| Title           | TREASURER                                       |
| Name            | BROOKS, JACQUELINE                              |
| Address         | IN CARE OF JACQUELINE BROOKS<br>1501 ZEREGA AVE |
| City-State-Zip: | BRONX NY 10462                                  |

|                 |                                                 |
|-----------------|-------------------------------------------------|
| Title           | SECRETARY                                       |
| Name            | SHIRLEY, SPARKS                                 |
| Address         | IN CARE OF JACQUELINE BROOKS<br>1501 ZEREGA AVE |
| City-State-Zip: | BRONX NY 10462                                  |

*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:** PORTIA MYRICK

VP

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date