

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000541513

Entity Name: BEACON OF LIGHT EMPOWERMENT MINISTRIES OF JAX LLC

Current Principal Place of Business:

5959 FORT CAROLINE RD.
APT 513
JACKSONVILLE, FL 32277

Current Mailing Address:

5959 FORT CAROLINE RD.
APT 513
JACKSONVILLE, FL 32277 US

FEI Number: 93-4753778

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, ANGEL C
11091 PIERCE ARROW COURT
JACKSONVILLE, FL 32246 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 AP
Name BUGGEST, LESHALDON R
Address 5959 FORT CAROLINE RD. APT 513
City-State-Zip: JACKSONVILLE FL 32277

Title MGR
Name THOMAS LOCKLEY, NELLIE
Address 2538 GAYLAND RD.
City-State-Zip: JACKSONVILLE FL 32218

Title MGR
Name THOMAS, BOBBY L JR.
Address 11091 PIERCE ARROW CT.
City-State-Zip: JACKSONVILLE FL 32246

Title MGR
Name ROBINSON, LILLIAN D
Address 1549 E. 30TH ST.
City-State-Zip: JACKSONVILLE FL 32206

Title MGR
Name BUGGEST, KEVIN C
Address 5959 FORT CAROLINE RD. APT 513
City-State-Zip: JACKSONVILLE FL 32277

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: LESHALDON BUGGEST

AP

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date