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; a r 605, Florida Statutes; and that my

SIGNATURE: KAMARIA WILLIAMS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: THE WITHERSPOON LAW GROUP PLLC, LLC

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

822 N A1A HWY STE 310 PONTE VEDRA, FL 32082

DOCUMENT# M21000004448

Current Mailing Address:

822 N A1A HWY STE 310 PONTE VEDRA, FL 32082 US

FEI Number: 47-2389032

Name and Address of Current Registered Agent:

STEGALL, TAWANA 822 N A1A HWY STE 310 PONTE VEDRA, FL 32082 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

Authorized Person(s) Detail :

Title	MGR, AP	Title	MGR, AP
Name	WILLIAMS, KAMARIA H	Name	WITHERSPOON, NURU
Address	822 N A1A HWY STE 310	Address	822 N A1A HWY STE 310
City-State-Zip:	PONTE VEDRA FL 32082	City-State-Zip:	PONTE VEDRA FL 32082

that ram a managing member of manager of the limited liability company of the receiver of th	ustee empowered to execute this report as required by Ghap	ier 605, Fi
ny name appears above, or on an attachment with all other like empowered.		
NATURE: KAMARIA WILLIAMS	MGR	(

07/26/2023

Date

FILED Jul 26, 2023 Secretary of State 0157205523CC

Certificate of Status Desired: No

Date