

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000067116

**Entity Name:** MICHELLE LYNN GRIFFIN CORP.

**Current Principal Place of Business:**

3219 W BARCELONA ST, APT A  
TAMPA, FL 33629

**Current Mailing Address:**

3219 W BARCELONA ST, APT A  
TAMPA, FL 33629 US

**FEI Number:** 85-2853435

**Certificate of Status Desired:** No

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

LEGALCORP SOLUTIONS, LLC  
3440 W HOLLYWOOD BLVD. SUITE 415  
HOLLYWOOD, FL 33021 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

**Officer/Director Detail :**

Title P  
Name GRIFFIN, MICHELLE  
Address 3219 W BARCELONA ST, APT A  
City-State-Zip: TAMPA FL 33629

Title TRE  
Name GRIFFIN, MICHELLE  
Address 3219 W BARCELONA ST, APT A  
City-State-Zip: TAMPA FL 33629

Title SEC  
Name GRIFFIN, MICHELLE  
Address 3219 W BARCELONA ST, APT A  
City-State-Zip: TAMPA FL 33629

Title VP  
Name GRIFFIN, MICHELLE  
Address 3219 W BARCELONA ST, APT A  
City-State-Zip: TAMPA FL 33629

Title DIR  
Name GRIFFIN, MICHELLE  
Address 3219 W BARCELONA ST, APT A  
City-State-Zip: TAMPA FL 33629

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE LYNN GRIFFIN

**PRESIDENT**

**04/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date