

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039011

**Entity Name:** NORTH FLORIDA LEGAL SUPPORT LLC

**Current Principal Place of Business:**

16346 196TH TERRACE  
OBRIEN, FL 32071

**Current Mailing Address:**

16346 196TH TERRACE  
OBRIEN, FL 32071 US

**FEI Number: 45-1360186**

**Certificate of Status Desired: No**

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

BOLYARD, NORMA L  
15644 157TH POINT  
LIVE OAK, FL 32060 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 MGRM, PRESIDENT, COO, CFO, CEO  
Name BOLYARD, NORMA L  
Address 15644 157TH POINT  
City-State-Zip: LIVE OAK FL 32060

Title MANAGER  
Name LOGSDON, ROBERT G III  
Address 16346 196TH TERRACE  
City-State-Zip: OBRIEN FL 32071

Title SECRETARY  
Name HART, BRANDI LYNN  
Address 16346 196TH TERRACE  
City-State-Zip: OBRIEN FL 32071

*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: NORMA BOLYARD**

**CEO**

**04/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date