

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000085682

**Entity Name:** D'S FULL SERVICE FLORIST AND GIFT SHOP, LLC

**Current Principal Place of Business:**

726 CHATTAHOOCHEE STREET  
CHATTAHOOCHEE, FL 32324

**Current Mailing Address:**

726 CHATTAHOOCHEE STREET  
CHATTAHOOCHEE, FL 32324 US

**FEI Number:** 45-5632626

**Certificate of Status Desired:** Yes

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

DOLAN, DEBORAH A  
726 CHATTAHOOCHEE STREET  
CHATTAHOOCHEE, FL 32324 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	Title	MGRM
Name	DOLAN, DEBORAH A	Name	DOLAN, MICHAEL C
Address	726 CHATTAHOOCHEE STREET	Address	726 CHATTAHOOCHEE STREET
City-State-Zip:	CHATTAHOOCHEE FL 32324	City-State-Zip:	CHATTAHOOCHEE FL 32324

*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:** DEBORAH A DOLAN

MGRM

03/31/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date