

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093012

**Entity Name:** LAW OFFICES OF BEN STECHSCHULTE, P.L.

**Current Principal Place of Business:**

1105 W. SWANN AVE.  
TAMPA, FL 33606

**Current Mailing Address:**

1105 W. SWANN AVE.  
TAMPA, FL 33606-2770 US

**FEI Number:** 45-5624600

**Certificate of Status Desired:** No

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

STECHSCHULTE, BEN  
1105 W. SWANN AVE.  
TAMPA, FL 33606-2770 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:** BEN STECHSCHULTE

02/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                    |
|-----------------|---------------------|-----------------|--------------------|
| Title           | MGRM                | Title           | MGRM               |
| Name            | STECHSCHULTE, BEN   | Name            | NELL, AMY C        |
| Address         | 1105 W. SWANN AVE   | Address         | 1105 W. SWANN AVE. |
| City-State-Zip: | TAMPA FL 33606-2770 | City-State-Zip: | TAMPA FL 33606     |

*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:** BEN STECHSCHULTE

MGRM

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date