

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000036798

**Entity Name:** YOUR FAMILY BUSINESS, LLC

**Current Principal Place of Business:**

405 GOLFWAY WEST DRIVE  
STE 300  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

PO BOX 840339  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 46-2381166

**Certificate of Status Desired:** Yes

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

MCLEAN, DONNA S  
405 GOLFWAY WEST DRIVE  
STE 300  
ST. AUGUSTINE, FL 32095 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 MGR  
Name MCLEAN, DONNA S  
Address PO BOX 840339  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** DONNA MCLEAN

MGR

01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date