# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL N STEWART

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000108008

#### Entity Name: SOUTHERN CONCEPTS CONTRACTING LLC

#### **Current Principal Place of Business:**

2328 SHIPWRECK CIRCLE WEST JACKSONVILLE, FL 32224

### **Current Mailing Address:**

2328 SHIPWRECK CIRCLE WEST JACKSONVILLE, FL 32224 US

### FEI Number: 46-3330662

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STEWART, EZEKIEL 2328 SHIPWRECK CIRCLE WEST JACKSONVILLE, FL 32224 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:

## Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED MEMBER
Name	STEWART, EZEKIEL	Name	STEWART, RACHEL
Address	2328 SHIPWRECK CIRCLE WEST	Address	2328 SHIPWRECK CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

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

02/22/2023 AUTHORIZED MEMBER

FILED Feb 22, 2023 Secretary of State 2612464720CC

Certificate of Status Desired: No

Date

Date