

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000018429

**Entity Name:** AT THE TABLE LIFE COACHING & MOTIVATIONAL SPEAKING SERVICES, LLC

**FILED  
Apr 28, 2017  
Secretary of State  
CC1427177523**

**Current Principal Place of Business:**

1964 INDIES DRIVE EAST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1964 INDIES DRIVE EAST  
JACKSONVILLE, FL 32246 US

**FEI Number: 27-2988400**

**Certificate of Status Desired: No**

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

TRIBBLE, JENNIFER D  
1964 INDIES DRIVE EAST  
JACKSONVILLE, FL 32246 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	Title	AMBR
Name	TRIBBLE, JENNIFER D	Name	TRIBBLE, LARRY
Address	1964 INDIES DRIVE EAST	Address	1964 INDIES DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

Title AMBR  
Name CARTER, EBONY C  
Address 8192 CABIN LAKE DRIVE UNIT 109  
City-State-Zip: JACKSONVILLE FL 32256

*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: JENNIFER D TRIBBLE**

**MGR**

**04/28/2017**

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

\_\_\_\_\_  
Date