

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000144078

**Entity Name:** DISAGRAPH LLC

**Current Principal Place of Business:**

125 SOUTH STATE ROAD 7  
SUITE 104-138  
WELLINGTON, FL 33414

**Current Mailing Address:**

125 SOUTH STATE ROAD 7  
SUITE 104-138  
WELLINGTON, FL 33414 US

**FEI Number:** 47-4912632

**Certificate of Status Desired:** Yes

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

CHESTEEN, DONNA M ESQ.  
1 SOUTH ORANGE AVENUE  
SUITE 502  
ORLANDO, FL 32801 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 FULTON, LAKESHA  
Address 125 SOUTH STATE ROAD 7 SUITE 104  
-138  
City-State-Zip: WELLINGTON FL 33414

*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:** LAKESHA FULTON

MGR

03/15/2021

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

\_\_\_\_\_  
Date