2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2020
Secretary of State
9131217604CC

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Entity Name: EXPRESSIONS OF DESTINY, LLC

Current Principal Place of Business:

1601 SW ALVATON AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1601 SW ALVATON AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 81-1491586

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHONE, CHRISTOPHER
1601 SW ALVATON AVE
PORT SAINT LUCIE, FL 34953 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	MGRM	Title	MGRM
Name	MAHONE, CHRISTOPHER	Name	MAHONE, JENNIFER
Address	1601 SW ALVATON AVE	Address	1601 SW ALVATON AVE
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953

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: CHRISTOPHER MAHONE MGRM 06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date