

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000116787

**Entity Name:** SAMANTHA G. SELLERS, LLC

**Current Principal Place of Business:**

1602 FLORIDA AVE SOUTH  
SUITE 1  
LAKELAND, FL 33803

**Current Mailing Address:**

1602 FLORIDA AVENUE SOUTH  
LAKELAND, FL 33803 US

**FEI Number:** 81-3018479

**Certificate of Status Desired:** Yes

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

SELLERS, SAMANTHA G  
804 WHISPER WOODS DR.  
LAKELAND, FL 33813 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            OWNER  
Name            SELLERS, SAMANTHA GARRISON  
Address        804 WHISPER WOODS DR.  
City-State-Zip: LAKELAND FL 33813

*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:** SAMANTHA SELLERS

OWNER

05/01/2024

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

\_\_\_\_\_  
Date