

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000229138

Entity Name: GAIL DELOACH, LLC

Current Principal Place of Business:

3232 S. MACDILL AVE., STE. 203
TAMPA, FL 33629

Current Mailing Address:

3225 S. MACDILL AVE., STE. 129 BOX 239
TAMPA, FL 33629 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
911 CHESTNUT ST.
CLEARWATER, FL 33756 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 DELOACH, GAIL
Address 3225 S. MACDILL AVE., STE. 129, BOX
239
City-State-Zip: TAMPA FL 33629

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: GAIL DELOACH

MANAGER

03/28/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date