

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100344

**Entity Name:** HANCOCK, GRAHAM & ASSOCIATES LLC

**Current Principal Place of Business:**

2200 DR. MARTIN LUTHER KING BLVD  
C  
FORT MYERS, FL 33901

**Current Mailing Address:**

PO BOX 2428  
FORT MYERS, FL 33902 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HANCOCK GRAHAM, VICTORIA J.  
2200 DR. MARTIN LUTHER KING BLVD  
STE C  
FORT MYERS, FL 33901 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 AMBR  
Name HANCOCK GRAHAM, VICTORIA J.  
Address PO BOX 2428  
City-State-Zip: FORT MYERS FL 33902

*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:** VICTORIA J HANCOCK GRAHAM

AMBR

04/30/2022

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

\_\_\_\_\_  
Date