

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000269452

Entity Name: MIRACLE MINDS OF JACKSONVILLE, LLC**Current Principal Place of Business:**37 HAY AVENUE
JACKSONVILLE, FL 32216**Current Mailing Address:**37 HAY AVENUE
JACKSONVILLE, FL 32216 US**FEI Number:** 83-2548684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYAN, TASHERA M
37 HAY AVENUE
JACKSONVILLE, FL 32216 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:** TASHERA M. BRYAN

05/01/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, AUTHORIZED
 REPRESENTATIVE

Name BRYAN, TASHERA M

Address 37 HAY AVENUE

City-State-Zip: JACKSONVILLE FL 32216

Title AUTHORIZED REPRESENTATIVE, VP

Name BRYAN, MCARTHUR L

Address 37 HAY AVENUE

City-State-Zip: JACKSONVILLE FL 32216

Title AUTHORIZED REPRESENTATIVE,
 CEO

Name WILLIAMS, T'ANDI A

Address 37 HAY AVENUE

City-State-Zip: JACKSONVILLE FL 32216

Title AUTHORIZED REPRESENTATIVE,

Name WILLIAMS, SAMUEL A JR.

Address 37 HAY AVENUE

City-State-Zip: JACKSONVILLE FL 32216

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: TASHERA BRYAN**PRESIDENT**

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date