

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000030453

**Entity Name:** MELISSA HASTINGS LLC

**Current Principal Place of Business:**

5867 COVE DR  
BELLE ISLE , FL 32812

**Current Mailing Address:**

124 N SUMMERLIN AVE  
SANFORD, FL 32771 US

**FEI Number:** 83-4272927

**Certificate of Status Desired:** No

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

HASTINGS, MELISSA M  
124 N SUMMERLIN AVE  
SANFORD, FL 32771 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:** MELISSA M HASTINGS

02/24/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name HASTINGS, MELISSA M  
Address 124 N SUMMERLIN AVE  
City-State-Zip: SANFORD FL 32771

*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:** MELISSA HASTINGS

**PRINCIPAL**

02/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date