

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000234287

**Entity Name:** NEW DISCOURSES LLC

**Current Principal Place of Business:**

4403 VINELAND RD  
SUITE B4  
ORLANDO, FL, 34695

**Current Mailing Address:**

4403 VINELAND RD  
SUITE B4  
ORLANDO, FL, FL 32811 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MICHAEL, O'FALLON W  
118 WOODLAND CT  
SAFETY HARBOR, FL 34695 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	Title	AUTHORIZED REPRESENTATIVE
Name	JAMES, LINDSAY S	Name	ADAMS, STEWART CARRINGER
Address	1812 MONTVALE STATION ROAD	Address	1259 MOORFIELD TRCE NW
City-State-Zip:	MARYVILLE TN 37803	City-State-Zip:	KENNESAW GA 30152

Title            OWNER  
Name            O'FALLON, MICHAEL WILLIAM  
Address        118 WOODLAND CT.  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** MICHAEL O'FALLON

**OWNER**

**04/22/2021**

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

\_\_\_\_\_  
Date