

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000248591

**Entity Name:** STEPHANIE QUEEN, PLLC

**Current Principal Place of Business:**

602 S AUDUBON AVE  
STE C  
TAMPA , FL 33609

**FILED**  
**Mar 04, 2024**  
**Secretary of State**  
**0137749252CC**

**Current Mailing Address:**

545 CHANNELSIDE DRIVE  
UNIT 1710  
TAMPA, FL 33602 US

**FEI Number: 84-3921633**

**Certificate of Status Desired: No**

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

QUEEN, STEPHANIE A  
545 CHANNELSIDE DRIVE  
UNIT 1710  
TAMPA, FL 33602 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            OWNER  
Name            QUEEN, STEPHANIE ALYSE DR.  
Address        545 CHANNELSIDE DRIVE  
                  UNIT 1710  
City-State-Zip: TAMPA FL 33602

*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: STEPHANIE QUEEN**

**OWNER**

**03/04/2024**

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

\_\_\_\_\_  
Date