

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000257798

**Entity Name:** ACCOUNTABLESELF, LLC

**Current Principal Place of Business:**

13750 W COLONIAL DR  
STE 350-111  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13750 W COLONIAL DR  
STE 350-111  
WINTER GARDEN, FL 34787 US

**FEI Number:** 84-4294111

**Certificate of Status Desired:** No

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

SAMUEL, TONI E  
13750 W COLONIAL DR  
STE 350-111  
WINTER GARDEN, FL 34787 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  
Name SAMUEL, TONI E  
Address 14146 JOMATT LOOP  
City-State-Zip: WINTER GARDEN FL 34787

Title AP  
Name SAMUEL, DION R SR  
Address 14146 JOMATT LOOP  
City-State-Zip: WINTER GARDEN FL 34787

Title AP  
Name MCFARLANE, CHUVALA  
Address 1168 COASTAL CIRCLE  
City-State-Zip: OCOEE FL 34761

Title AP  
Name GAUZE, TAMMI  
Address 4086 FERROW ST  
City-State-Zip: ORLANDO FL 32811

*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:** TONI E SAMUEL

**MANAGER**

**02/10/2024**

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

\_\_\_\_\_  
Date