

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000009707

Entity Name: IMAGINE DESIGN STUDIO JACKSONVILLE, LLC

Current Principal Place of Business:

2810 DORIC AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

2810 DORIC AVE
JACKSONVILLE, FL 32210

FEI Number: 84-4465041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALEY, CARMEN L MRS
2810 DORIC AVE
JACKSONVILLE, FL 32210 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 AMBR
Name HALEY, CARMEN L
Address 2810 DORIC AVE
City-State-Zip: JACKSONVILLE FL 32210

Title AP
Name ALLISON, GABRIELLE M
Address 3614 MYRA ST
City-State-Zip: JACKSONVILLE FL 32205

Title AP
Name HALEY, MATTHEW L
Address 2810 DORIC AVE
City-State-Zip: JACKSONVILLE FL 32210

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: CARMEN HALEY

AMBR

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date