

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000012792

**Entity Name:** STEPHANIE MORALES LLC

**Current Principal Place of Business:**

4932 RAYLENE WAY  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

4932 RAYLENE WAY  
SAINT CLOUD, FL 34771 US

**FEI Number:** 86-2142974

**Certificate of Status Desired:** No

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

MORALES, STEPHANIE  
4932 RAYLENE WAY  
SAINT CLOUD, FL 34771 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 MORALES, STEPHANIE  
Address 4932 RAYLENE WAY  
City-State-Zip: SAINT CLOUD FL 34771

*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 MORALES

MGR

05/01/2021

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

\_\_\_\_\_  
Date