

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000060151

**Entity Name:** ONE STOP SHOP PRODUCTS LLC

**Current Principal Place of Business:**

879 REFLECTION COVE RD E  
UNIT 403  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

879 REFLECTION COVE RD E  
403  
JACKSONVILLE, FL 32218 US

**FEI Number:** 84-4942122

**Certificate of Status Desired:** No

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

WHITE, JONATHAN M  
879 REFLECTION COVE RD E  
123  
JACKSONVILLE, FL 32218 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            PRESIDENT  
Name            WHITE, JONATHAN  
Address         879 REFLECTION COVE RD E  
City-State-Zip: JACKSONVILLE FL 32218

*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:** JONATHAN WHITE

**PRESIDENT**

**04/29/2021**

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

\_\_\_\_\_  
Date