

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000067609

**Entity Name:** ARIKA HANKS LLC

**Current Principal Place of Business:**

10497 AVENTURA DR  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10497 AVENTURA DR  
JACKSONVILLE, FL 32256 US

**FEI Number: 85-4082088**

**Certificate of Status Desired: No**

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

HANKS, ARIKA A  
10497 AVENTURA DR  
JACKSONVILLE, FL 32256 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:** ARIKA HANKS

02/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            HANKS, ARIKA ANN  
Address        10497 AVENTURA DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            AP  
Name            HANKS, HUNTER RAY  
Address        10497 AVENTURA DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** HANKS, ARIKA ANN

OWNER

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date