

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000119594

Entity Name: LJ DIRECT SOLUTIONS, LLC**Current Principal Place of Business:**6999 MERRILL RD
STE #243
JACKSONVILLE, FL 32277**Current Mailing Address:**6999 MERRILL RD
STE #243
JACKSONVILLE, FL 32277 US**FEI Number:** 85-0958122**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, LISA J
669 SEABROOK PARKWAY
JACKSONVILLE, FL 32211 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:** LISA JANE THOMAS

04/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	THOMAS, LISA J	Name	SHANKS, JAMES A
Address	6999 MERRILL RD STE #243	Address	6999 MERRILL RD STE #243
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32277
Title	AUTHORIZED REPRESENTATIVE		
Name	PUGH, LACY		
Address	6999 MERRILL RD STE #243		
City-State-Zip:	JACKSONVILLE FL 32277		

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: LISA JANE THOMAS

MANAGER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date