

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000167043

**Entity Name:** YOURSFACEFULLY\_STEPH LLC

**Current Principal Place of Business:**

1837 SW 94TH AVE  
MIRAMAR, FL 33025-4742

**Current Mailing Address:**

1837 SW 94TH AVE  
MIRAMAR, FL 33025-4742

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TUMMINGS, STEPHANIE A  
1837 SW 94TH AVE  
MIRAMAR, FL 33025-4742 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 TUMMINGS, STEPHANIE A  
Address 1837 SW 94TH AVE  
City-State-Zip: MIRAMAR FL 33025-4742

*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 TUMMINGS

MS

05/01/2024

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

\_\_\_\_\_ Date