

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000176569

Entity Name: VANESSA BARNES BEY LLC

Current Principal Place of Business:

16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE BOX# 46662
TAMPA PALMS, FL 33647-9998

Current Mailing Address:

16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE BOX# 46662
TAMPA PALMS, FL 33647-9998 US

FEI Number: 86-1692124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNES BEY, VANESSA DR.
16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE 46662
TAMPA PALMS, FL 33647-9998 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: DR. VANESSA BARNES BEY

03/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name BARNES BEY, VANESSA S DR.
Address 16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE
BOX# 46662
City-State-Zip: TAMPA PALMS FL 33647-9998

Title AMGR
Name ROBINSON BEY, MAKAI R
Address 16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE
BOX# 46662
City-State-Zip: TAMPA PALMS FL 33647-9998

Title MGR
Name GLADDEN BEY, KEITH J JR
Address 16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE
BOX# 46662
City-State-Zip: TAMPA PALMS FL 33647-9998

Title TR
Name SMALL, KENNETH A
Address 16530 BRUCE B DOWNS BOULEVARD
VANESSA BARNES BEY LLC SUITE
BOX# 46662
City-State-Zip: TAMPA PALMS FL 33647-9998

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: BARNES BEY, VANESSA

P

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date