## 2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000185706

Entity Name: AUNTIE PEACHES VILLAGE CENTER, LLC

inity Name. AUNTIE PEACHES VILLAGE CENTER, I

**Current Principal Place of Business:** 

937 CANDLELIGHT BLVD BROOKSVILLE. FL 34601

**Current Mailing Address:** 

1831 N PEARL STREET JACKSONVILLE. FL 32206 US

FEI Number: 85-2010937 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IHEUKWUMERE EZERIBE, ESHANDA JAMES 1831 N PEARL STREET JACKSONVILLE, FL 32206 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: ESHANDA J IHEUKWUMERE EZERIBE 09/30/2025

Electronic Signature of Registered Agent

Date

FILED Sep 30, 2025

**Secretary of State** 

8941065563CR

Authorized Person(s) Detail:

Title CEO Title CFO

Name IHEUKWUMERE EZERIBE, ESHANDA Name JAMES, CASANDRA N

**JAMES** 

Address 1831 N PEARL STREET

Address 1831 N PEARL STREET

City-State-Zip: JACKSONVILLE FL 32206

City-State-Zip: JACKSONVILLE FL 32206

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: ESHANDA IHEUKWUMERE EZERIBE

**CEO** 

09/30/2025