

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000213130

**Entity Name:** EBEN-EZER LAW CENTER, LLC

**Current Principal Place of Business:**

10525 SUNRISE TERRACE DR  
ORLANDO, FL 32825

**Current Mailing Address:**

10525 SUNRISE TERRACE DR  
ORLANDO, FL 32825 US

**FEI Number:** 85-2208905

**Certificate of Status Desired:** No

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

TORRES, ROSELY  
10525 SUNRISE TERRACE DR  
ORLANDO, FL 32825-8536 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           MANAGER  
Name           TORRES, ROSELY ESQ.  
Address        10525 SUNRISE TERRACE DR  
City-State-Zip: ORLANDO FL 32825

Title           MANAGER  
Name           TORRES, DAVID D  
Address        10525 SUNRISE TERRACE DR  
City-State-Zip: ORLANDO FL 32825

Title           MANAGER  
Name           TORRES, DAVID D  
Address        10525 SUNRISE TERRACE DR  
City-State-Zip: ORLANDO FL 32825

*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:** ROSELY TORRES

**REGISTERD AGENT**

**02/01/2024**

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

\_\_\_\_\_  
Date