

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000024145

**Entity Name:** PUP DATES LLC

**Current Principal Place of Business:**

1769 HAWKINS COVE DR. E.  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

1769 HAWKINS COVE DR. E.  
JACKSONVILLE, FL 32246 US

**FEI Number:** 86-1817413

**Certificate of Status Desired:** No

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

SMITH, STACY  
1769 HAWKINS COVE DR. E.  
JACKSONVILLE, FL 32246 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            AMBR  
Name            SMITH, STACY L  
Address        1769 HAWKINS COVE DR. E.  
City-State-Zip: JACKSONVILLE FL 32246

*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:** STACY SMITH

**OWNER**

**03/13/2023**

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

\_\_\_\_\_  
Date