

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000103187

**Entity Name:** BLESSED HANDS OF FAITH, LLC

**Current Principal Place of Business:**

4522 W VILLAGE DRIVE  
SUITE 1073  
TAMPA,, FL 33624

**Current Mailing Address:**

PO BOX 5925  
PLANT CITY , FL 33563 US

**FEI Number:** 86-2520824

**Certificate of Status Desired:** Yes

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

BLESSED HANDS OF FAITH, LLC  
4522 W VILLAGE DRIVE  
SUITE 1073  
TAMPA,, FL 33624 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:** FAITH S BURNEY

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED  
REPRESENTATIVE/MGR  
Name BURNE, FAITH S  
Address PO BOX 5925  
City-State-Zip: PLANT CITY FL 33563

*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:** FAITH S BURNEY

MRG

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date