

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000168197

Entity Name: STORY FINANCIAL GROUP, LLC

Current Principal Place of Business:

12613 WEEPING BRANCH CIR
JACKSONVILLE, FL 32218

Current Mailing Address:

12613 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218 US

FEI Number: 86-3369109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STORY, MELISSA D
12613 WEEPING BRANCH CIR
JACKSONVILLE, FL 32218 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: MELISSA D STORY

04/01/2026

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name STORY, MELISSA D
Address 12613 WEEPING BRANCH CIRCLE
City-State-Zip: JACKSONVILLE FL 32218

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: MELISSA D STORY

PRESIDENT

04/01/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date