

**2024 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 CIRCLE  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	MGR
Name	STORY, MELISSA D	Name	CARTER MARTINUS, CHELSEA A
Address	12613 WEEPING BRANCH CIRCLE	Address	12613 WEEPING BRANCH CIRCLE
City-State-Zip:	JACKSONVILLE FL 32218	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**

**CEO**

**02/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date