## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000265109

Entity Name: DEAR HEAVENLY FATHER LLC

**Current Principal Place of Business:** 

1206 VERMONT AVE LYNN HAVEN. F 32444

**Current Mailing Address:** 

2319 S HIGHWAY 77 P.O. BOX 1046 LYNN HAVEN. FL 32444 US

FEI Number: 87-1429402 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARRY, CLEMETRA D 1206 VERMONT AVENUE LYNN HAVEN, FL 32444 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

**FILED** Apr 30, 2025

**Secretary of State** 

3896077528CC

## Authorized Person(s) Detail:

Title **PRES** 

Name LARRY, CLEMETRA D Address 1206 VERMONT AVE City-State-Zip: LYNN HAVEN FL 32444

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.

**PRESIDENT** SIGNATURE: CLEMETRA LARRY

Electronic Signature of Signing Authorized Person(s) Detail