

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000312343

Entity Name: SEE MY FAITH ENTERPRISE LLC**Current Principal Place of Business:**11746 RAPID RIVER CT.
JACKSONVILLE, FL 32219**Current Mailing Address:**11746 RAPID RIVER CT.
JACKSONVILLE, FL 32219 US**FEI Number: 87-1683621****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRAZIER, SHARRHONDA M
11746 RAPID RIVER CT.
JACKSONVILLE, FL 32219 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 FRAZIER, SHARRHONDA M
Address 11746 RAPID RIVER CT
City-State-Zip: JACKSONVILLE FL 32219Title AP
Name ROSS, DONALD L III
Address 11746 RAPID RIVER CT.
City-State-Zip: JACKSONVILLE FL 32219Title AP
Name ROSS, CIERRA S
Address 11746 RAPID RIVER CT
City-State-Zip: JACKSONVILLE FL 32219Title AP
Name WILLIAMS, PRINCESS D
Address 11746 RAPID RIVER CT.
City-State-Zip: JACKSONVILLE FL 32219Title AP
Name SCOTT, JADA A
Address 11746 RAPID RIVER CT
City-State-Zip: JACKSONVILLE FL 32219

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: FRAZIER, SHARRHONDA M**MANAGER****04/30/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date