

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000447285

**Entity Name:** PIERRE MULTI SERVICE CENTER LLC

**Current Principal Place of Business:**

1591 LANE AVE  
F54  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1591 LANE AVE  
F54  
JACKSONVILLE, FL 32210 US

**FEI Number:** 87-2759439

**Certificate of Status Desired:** No

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

PIERRE, MELIELA  
1591 LANE AVE  
F54  
JACKSONVILLE, FL 32210 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            MGR  
Name            PIERRE, MELIELA  
Address        1591 LANE AVE  
City-State-Zip: JACKSONVILLE FL 32210

Title            MGR  
Name            PIERRE, MODESTE  
Address        1591 LANE AVE  
City-State-Zip: JACKSONVILLE FL 32210

*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:** MODESTE PIERRE

**MGR**

**03/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date