I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate and that my electronic signature shall have the	e 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 tru	istee empowered to execute this report as require	d by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> SAMANTHA LITRICO	PRES	02/12/2024

SIGNATURE: SAMANTHA LITRICO

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

TRU TAX & ACCOUNTING 7819 TEMPLE TERRACE HWY TAMPA, FL 33637 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: MARC MCLINSKEY

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MGR
Name	LITRICO, SAMANTHA
Address	5136 EAGLE ISLAND DR
City-State-Zip:	LAND O LAKES FL 34639

# DOCUMENT# L21000484518

Entity Name: LET YOUR LIGHT SHINE COACHING & SPEAKING LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

5136 EAGLE ISLAND DR LAND O LAKES, FL 34639

#### **Current Mailing Address:**

5136 EAGLE ISLAND DR LAND O LAKES. FL 34639 US

## FEI Number: 87-3481942

Certificate of Status Desired: No

02/12/2024 Date

Date

FILED Feb 12, 2024 Secretary of State 9485405735CC