

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000011176

**Entity Name:** STEPHANIE NELLA LLC

**Current Principal Place of Business:**

10024 WINDING LAKE RD  
102  
SUNRISE, FL 33351

**Current Mailing Address:**

10024 WINDING LAKE RD  
102  
SUNRISE, FL 33351

**FEI Number:** 87-4627067

**Certificate of Status Desired:** No

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

MONTE, STEPHANIE  
10024 WINDING LAKE RD  
102  
SUNRISE, FL 33351 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            OWNER  
Name            MONTE, STEPHANIE  
Address        10024 WINDING LAKE RD  
                  102  
City-State-Zip: SUNRISE FL 33351

*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:** STEPHANIE MONTE

**OWNER**

**02/27/2023**

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

\_\_\_\_\_  
Date