

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000076987

Entity Name: NORTH FLORIDA DELIVERIES, LLC

Current Principal Place of Business:

4797 PLAYSCHOOL DRIVE
JACKSONVILLE, FL 32210

Current Mailing Address:

4797 PLAYSCHOOL DRIVE
JACKSONVILLE, FL 32210 US

FEI Number: 88-0710450

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, SONYA
4797 PLAYSCHOOL DRIVE
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 WILLIAMS, SONYA
Address 4797 PLAYSCHOOL DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title AMBR
Name WILLIAMS, SONYA
Address 4797 PLAYSCHHOOOL DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title OWNR
Name WILLIAMS, SONYA
Address 4797 PLAYSCHOOL DRIVE
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: SONYA WILLIAMS

OWNER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date