

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000120165

**Entity Name:** DP954 LLC

**Current Principal Place of Business:**

9871 NW 24TH CT  
SUNRISE, FL 33322

**Current Mailing Address:**

9871 NW 24TH CT  
SUNRISE, FL 33322

**FEI Number:** 88-1090576

**Certificate of Status Desired:** Yes

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

JONES, ALEXSANDRA  
9871 NW 24TH CT  
SUNRISE, FL 33322 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            AUTHORIZED REPRESENTATIVE  
Name            ALHEXANNDRA JONES  
Address        9871 NW 24TH CT  
City-State-Zip: SUNRISE FL 33322

*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:** ALHEXANNDRA JONES

**AUTHORIZED  
REPRESENTATIVE**

**04/29/2023**

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

\_\_\_\_\_ Date