#### 2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000147602

Entity Name: MLCF PREGNANT TEENS SCHOLARSHIP, LLC

**FILED** Jul 31, 2023 **Secretary of State** 2645775490CC

# **Current Principal Place of Business:**

601 N CONGRESS AVE

431

DELRAY BEACH, FL 33445

# **Current Mailing Address:**

4070 TIVOLI CT, UNIT 308 LAKE WORTH LAKE WORTH, FL 33467 US

FEI Number: 20-5248662 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SEIDE, MARIE 4070 TIVOLI CT 308

LAKE WORTH, FL 33467 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 **PRESIDENT** Title OFFICER

Name FIGAREAU, JUDITH Name LAFALAISE M, ARC 413 W BOYNTON BEACH 413 W BOYNTON BEACH Address Address BOYNTON BEACH FL 33435 City-State-Zip: **BOYNTON BEACH FL 33435** City-State-Zip:

CEO Title **OFFICER** Title

Name FIGAREAU, HEROLD DAVID, BITO Name

Address 413 W BOYNTON BEACH Address 413 W BOYNTON BEACH City-State-Zip: BOYNTON BEACH FL 33435

Title **AUTHORIZED MEMBER** 

Name **MLCF** 

City-State-Zip:

Address 4070 TIVOLI CT, UNIT 308

LAKE WORTH

**BOYNTON BEACH FL 33435** 

LAKE WORTH FL 33467 City-State-Zip:

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.

07/31/2023 SIGNATURE: MARIE SEIDE **OFFICER**