

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000304949

**Entity Name:** AT EM ALL LLC

**Current Principal Place of Business:**

211 E MAIN ST  
LAKELAND, FL 33801

**Current Mailing Address:**

211 E MAIN ST  
LAKELAND, FL 33801 US

**FEI Number:** 88-3206696

**Certificate of Status Desired:** No

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

JONES, SHAWN  
5321 OLD HWY 37  
LAKELAND, FL 33811 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            AMBR  
Name            JONES, SHAWN  
Address        5321 OLD HWY 37  
City-State-Zip: LAKELAND FL 33811

*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:** JONES , SHAWN

AMBR

05/01/2023

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

\_\_\_\_\_ Date