

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000395240

**Entity Name:** MY ETERNAL ROOTS, LLC

**Current Principal Place of Business:**

1815 GROVE PARK DRIVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1815 GROVE PARK DRIVE  
ORANGE PARK, FL 32073 US

**FEI Number:** 92-0675096

**Certificate of Status Desired:** No

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

WRIGHT, OMAR E  
1815 GROVE PARK DRIVE  
ORANGE PARK, FL 32073 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 WRIGHT, OMAR E  
Address 1815 GROVE PARK DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title AMBR  
Name WRIGHT, CAMESHA A  
Address 1815 GROVE PARK DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title AMBR  
Name WRIGHT, SHAMARI C  
Address 1815 GROVE PARK DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title AMBR  
Name WRIGHT, IMARI K  
Address 1815 GROVE PARK DRIVE  
City-State-Zip: ORANGE PARK FL 32073

*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:** CAMESHA ASHEKA WRIGHT

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date