

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000419279

Entity Name: KINGDOM LOVE COACHING LLC**Current Principal Place of Business:**1070 MONTGOMERY RD
UNIT 561
ALTAMONTE SPRINGS , FL 32714**Current Mailing Address:**1070 MONTGOMERY RD
UNIT 561
ALTAMONTE SPRINGS , FL 32714 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, TAMARA D DR
1070 MONTGOMERY RD
UNIT 561
ALTAMONTE SPRINGS , FL 32714 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 MCCARTHY, JASMINE V
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name DAVENPORT, MICHAEL A JR
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name MEADE, JAMAURI S
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name MEADE, SHAMAURI J
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name STALLWORTH, DAQUAN R
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name MCCARTHY, TAMARA D DR
Address 1070 MONTGOMERY RD
UNIT 561
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: TAMARA MCCARTHY**MANAGER****04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date