

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000105690

**Entity Name:** APOSTILLE, LLC

**Current Principal Place of Business:**

417 E. VIRGINIA ST STE 1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

417 E. VIRGINIA ST STE 1  
TALLAHASSEE, FL 32301 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

YOUR CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST STE 1  
TALLAHASSEE, FL 32301 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	Title	MANAGER/AUTHORIZED MEMBER
Name	NEELEY, SETH	Name	NEELEY, BARBARA
Address	417 E. VIRGINIA ST STE 1	Address	417 E. VIRGINIA ST STE 1
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

*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:** SETH NEELEY

**MGR**

**01/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date