## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000129929

Entity Name: JOCELYN D. BRICE, LLC

**Current Principal Place of Business:** 

11050 ST CHARLES PL JACKSONVILLE, FL 32223

**Current Mailing Address:** 

11050 ST CHARLES PL JACKSONVILLE, FL 32223

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRICE, JOCELYN 11050 ST CHARLES PL JACKSONVILLE, FL 32223 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

FILED Apr 16, 2024

**Secretary of State** 

5497071754CC

## Authorized Person(s) Detail:

Title MGR

Name BRICE, JOCELYN

Address 11050 ST CHARLES PL

City-State-Zip: JACKSONVILLE FL 32223

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.

MRS.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JOCELYN BRICE

04/16/2024

Date