

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000164831

Entity Name: MARIA ELAINE SMITH LLC

Current Principal Place of Business:

6219 WEST FALLSGROVE LANE
PORT ORANGE, FL 32128

Current Mailing Address:

6219 WEST FALLSGROVE LANE
PORT ORANGE, FL 32128

FEI Number: 93-3422750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, MARIA ELAINE
6219 WEST FALLSGROVE LANE
PORT ORANGE, FL 32128 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 SMITH, MARIA ELAINE
Address 6219 WEST FALLSGROVE LANE
City-State-Zip: PORT ORANGE FL 32128

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: MARIA ELAINE SMITH

MBR

03/12/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date