

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000219478

**Entity Name:** FLORIDA DESAYUNO DOMICILE LLC

**Current Principal Place of Business:**

1440 EDGEWOOD AVE W  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

PO BOX 9764  
JACKSONVILLE, FL 32208

**FEI Number:** 92-3884360

**Certificate of Status Desired:** Yes

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

COLLINS, JABREL C  
5659 FINCH AVE  
JACKSONVILLE, FL 32219 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 WILLIAMS, KATINA L  
Address 5659 FINCH AVE  
City-State-Zip: JACKSONVILLE FL 32219

*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:** WILLIAMS , KATINA L

AMBR

04/26/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date