

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000277332

**Entity Name:** RELENTLESS AMBITION, LLC

**Current Principal Place of Business:**

11001 OLD SAINT AUGUSTINE RD.  
APT. 910  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11001 OLD SAINT AUGUSTINE RD.  
APT. 910  
JACKSONVILLE , FL 32257 US

**FEI Number:** 93-2435332

**Certificate of Status Desired:** No

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

JONES, TOMMY A  
11001 OLD SAINT AUGUSTINE RD  
APT. 910  
JACKSONVILLE, FL 32257 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            JONES, TOMMY A  
Address        11001 OLD SAINT AUGUSTINE RD.  
                  APT. 910  
City-State-Zip: JACKSONVILLE FL 32257

Title            AMBR  
Name            EMANUEL, MAKEBA D  
Address        11001 OLD SAINT AUGUSTINE RD  
                  APT. 910  
City-State-Zip: JACKSONVILLE FL 32257

Title            MGR  
Name            JONES, TOMMY A  
Address        11001 OLD SAINT AUGUSTINE RD.  
                  APT. 910  
City-State-Zip: JACKSONVILLE FL 32257

*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:** TOMMY A. JONES

**MANAGER**

**05/01/2024**

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

\_\_\_\_\_  
Date