

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000410374

Entity Name: U-KNOW SOLUTIONS LLC

Current Principal Place of Business:

108 HURON AVE
SATSUMA, FL 32189

Current Mailing Address:

PO BOX 5097
DELTONA, FL 32728 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIGHTBOURNE, MYCHAL U
108 HURON AVE
SATSUMA, FL 32189 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 MANAGER
Name LIGHTBOURNE, JASMINE
Address PO BOX 5097
City-State-Zip: DELTONA FL 32728

Title MANAGER
Name LIGHTBOURNE, MYCHAL
Address PO BOX 5097
City-State-Zip: DELTONA FL 32728

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: JASMINE LIGHTBOURNE

MANAGER

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date