

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000466158

**Entity Name:** AMAZING GRACE DESIGNS AND FLORIST LLC

**Current Principal Place of Business:**

AMAZING GRACE DESIGNS & FLORIST LLC  
813 OHIO AVENUE  
LIVE OAK, FL 32064

**Current Mailing Address:**

101 WEST HATLEY STREET  
JASPER, FL 32052 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DUNAWAY, MARY KAY  
9680 SW COUNTY ROAD 249  
JASPER, FL 32052 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           | AP                  | Title           | AMBR              |
| Name            | CHAUNCEY, DOROTHY R | Name            | DUNAWAY, MARY KAY |
| Address         | 7432 185TH RD       | Address         | 9680 SW CR 249    |
| City-State-Zip: | LIVE OAK FL 32060   | City-State-Zip: | JASPER FL 32052   |

*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:** DOROTHY CHAUNCEY

**SECRETARY**

**01/24/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date