

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000000561

**Entity Name:** EPHESIANS 2:8, LLC

**Current Principal Place of Business:**

923 S PERRY ST  
MONTGOMERY, AL 36104

**Current Mailing Address:**

923 S PERRY ST  
MONTGOMERY, AL 36104 US

**FEI Number:** 45-3250813

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**1009647335CC**

*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 MMBR  
Name CLEMENT, CRAIG T  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, ROBYN N  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, TUCKER J  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, SULLIVAN T  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, ANDREW P  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, ELIZABETH S  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, KAROLINA N  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

Title MBR  
Name CLEMENT, PETER N  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104

**Continues on page 2**

*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:** CRAIG T. CLEMENT

**MANAGER/MEMBER**

**04/24/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MBR  
Name CLEMENT, SARAH J  
Address 923 S PERRY ST  
City-State-Zip: MONTGOMERY AL 36104