

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331710

**Entity Name:** ONE LOVE SECURED LLC

**Current Principal Place of Business:**

925 E. MAGNOLIA DR. APT H7  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

925 E. MAGNOLIA DR. APT H7  
TALLAHASSEE, FL 32301 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SKIPPER, COREY  
925 E. MAGNOLIA DR. APT H7  
TALLAHASSEE, FL 32301 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            SKIPPER, COREY  
Address        925 E. MAGNOLIA DR. APT H7  
City-State-Zip: TALLAHASSEE FL 32301

*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:** COREY SKIPPER

**AUTHORIZED MEMBER**

**05/01/2023**

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

\_\_\_\_\_  
Date