

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000507245

**Entity Name:** SESSIONS BREAK, LLC

**Current Principal Place of Business:**

774 TALKING TREE DR  
JACKSOVILLE, FL 32205

**Current Mailing Address:**

774 TALKING TREE DR  
JACKSOVILLE, FL 32205 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMITH, WHITNEY C  
774 TALKING TREE DR  
JACKSOVILLE, FL 32205 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            SMITH, WHITNEY C  
Address        774 TALKING TREE DR  
City-State-Zip: JACKSOVILLE FL 32205

*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:** WHITNEY SMITH

AMBR

04/30/2023

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

\_\_\_\_\_  
Date