

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000493503

**Entity Name:** SUPPORT SERVICES FOR CHILDREN AND FAMILIES LLC

**Current Principal Place of Business:**

605 GORE AVENUE  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

605 GORE AVENUE  
TALLAHASSEE, FL 32310

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, ALFRED L  
605 GORE AVENUE  
TALLAHASSEE, FL 32310 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 WILLIAMS, ALFRED L SR  
Address 605 GORE AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

Title AMBR  
Name WILLIAMS, NYAMA C  
Address 605 GORE AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

*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:** ALFRED L WILLIAMS

03/27/2024

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

\_\_\_\_\_  
Date