

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000051117

**Entity Name:** MY PLACE OH LLC

**Current Principal Place of Business:**

6271 ST. AUGUSTINE RD., STE 24-1645  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6271 ST. AUGUSTINE RD., STE 24-1645  
JACKSONVILLE, FL 32217 US

**FEI Number:** 92-2193221

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
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 MGR

Name EDMOND, ALLEN

Address 6271 ST. AUGUSTINE RD., STE 24-1645

City-State-Zip: JACKSONVILLE FL 32217

*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:** ALLEN EDMOND

MANAGER

02/07/2024

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

\_\_\_\_\_ Date