

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003186

Entity Name: EDWARD PHILIP PRASSE, III AND JULIA K. PRASSE, L.L.C.

FILED
May 01, 2020
Secretary of State
2439920725CC

Current Principal Place of Business:

3539 PACES MILL DR
ATTN: E P PRASSE III
TALLAHASSEE, FL 32308

Current Mailing Address:

3539 PACES MILL DR
ATTN: E P PRASSE III
TALLAHASSEE, FL 32308 US

FEI Number: 49-1503866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THARPE, PRISCILLA MRS
3303 THOMASVILLE RD.
TALLAHASSEE, FL 32308 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	MGRM
Name	PRASSE, EDWARD PHILIP III
Address	1400 LAKE MANOR DR
City-State-Zip:	FOREST VA 24551
Title	AUTHORIZED REPRESENTATIVE
Name	PRASSE, EDWARD P IV
Address	3539 PACES MILL ATTN: E P PRASSE III
City-State-Zip:	TALLAHASSEE FL 32308

Title	MGRM
Name	PRASSE, JULIA K
Address	1400 LAKE MANOR DR
City-State-Zip:	FOREST VA 24551
Title	AUTHORIZED REPRESENTATIVE
Name	GARBAUGH, CHERI
Address	7113 BEECH RIDGE TRAIL #2
City-State-Zip:	TALLAHASSEE FL 32312

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: EDWARD P PRASSE III

MGRM

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date