

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003186

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

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**6665314681CC**

**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:**

GARBARK, CHERI LEWIS  
7113 BEECH RIDGE TRAIL  
SUITE 2  
TALLAHASSEE, FL 32312 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:** CHERI L GARBARK

04/27/2023

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 MGRM  
Name PRASSE, JULIA K  
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

*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 PHILIP PRASSE III

MGRM

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date