

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004303

**Entity Name:** A. GIROUARD, LLC

**Current Principal Place of Business:**

6050 ST JOHNS AVENUE  
SUITE A  
PALATKA, FL 32177

**Current Mailing Address:**

6050 ST JOHNS AVENUE  
SUITE A  
PALATKA, FL 32177

**FEI Number:** 02-0552646

**Certificate of Status Desired:** No

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

GIROUARD, ALLAIN  
6050 ST JOHNS AVENUE  
SUITE A  
PALATKA, FL 32177 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 PST  
Name GIROUARD, ALLAIN  
Address 6050 ST JOHNS AVENUE,SUITE A  
City-State-Zip: PALATKA FL 32177

Title MGR  
Name GIROUARD, ALLAIN  
Address 6050 ST JOHNS AVENUE,SUITE A  
City-State-Zip: PALATKA FL 32177

Title LP  
Name FIRST SOUTHERN BANK  
Address 900 NORTH FEDERAL HIGHWAY  
City-State-Zip: BOCA RATON FL 33432

*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:** AGIROUARD

**PRESIDENT**

**03/18/2014**

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

\_\_\_\_\_  
Date