

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004303

Entity Name: A. GIROUARD, LLC**Current Principal Place of Business:**6061 ST JOHNS AVENUE
SUITE 1
PALATKA, FL 32177**Current Mailing Address:**6061 ST JOHNS AVENUE
SUITE 1
PALATKA, FL 32177 US**FEI Number:** 02-0552646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIROUARD, ALLAIN
6061 ST JOHNS AVENUE
SUITE 1
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 | 6061 ST JOHNS AVENUE SUITE 1 |
| City-State-Zip: | PALATKA FL 32177 |

| | |
|-----------------|---------------------------------|
| Title | MGR |
| Name | GIROUARD, ALLAIN |
| Address | 6061 ST JOHNS AVENUE SUITE 1 |
| 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: GIROUARD, ALLAIN**PRESIDENT****03/14/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date