

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000005247

**Entity Name:** TOM CHRISTIAN, LLC

**Current Principal Place of Business:**

3928 SKYWAY DR  
NAPLES, FL 34112

**Current Mailing Address:**

3928 SKYWAY DR  
NAPLES, FL 34112 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CHRISTIAN, TOM D  
217 N. COLLIER BLVD.  
SUITE 103  
MARCO ISLAND, FL 34145 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:** TOM D CHRISTIAN

03/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHRISTIAN, TOM  
Address 217 N. COLLIER BLVD.  
SUITE 103  
City-State-Zip: MARCO ISLAND FL 34145

*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:** TOM CHRISTIAN

MGR

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date