

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039009

**Entity Name:** LITTLE MUNYON, LLC

**Current Principal Place of Business:**

14785 PRESTON ROAD  
SUITE 975  
DALLAS, TX 75254

**FILED**  
**Apr 06, 2024**  
**Secretary of State**  
**0515215312CC**

**Current Mailing Address:**

14785 PRESTON ROAD  
SUITE 975  
DALLAS, TX 75254 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name MCCLINTOCK, GAVIN  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

Title MEMBER  
Name SARGENT, TIM  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

Title MEMBER  
Name CLARK, PETER  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

Title MEMBER  
Name RAY, JOHN  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

Title MEMBER  
Name THOMPSON, MEAGAN  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

Title MEMBER  
Name CAPILLI, JOE  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254

*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: JOHN RAY**

**MEMBER**

**04/06/2024**

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

\_\_\_\_\_  
Date