

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085903

Entity Name: TAYLOR SUPPLY LLC**Current Principal Place of Business:**6565 W. NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429**Current Mailing Address:**6565 W. NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429 US**FEI Number:** 45-0571106**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, STEVEN C
1849 N. GREENWICH PT.
CRYSTAL RIVER, FL 34429 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 | MGRM |
| Name | TAYLOR, STEVEN C |
| Address | 6565 W. NORVELL BRYANT HWY |
| City-State-Zip: | CRYSTAL RIVER FL 34429 |

| | |
|-----------------|----------------------------|
| Title | AMBR |
| Name | TAYLOR, JONATHAN |
| Address | 6565 W. NORVELL BRYANT HWY |
| City-State-Zip: | CRYSTAL RIVER FL 34429 |

| | |
|-----------------|----------------------------|
| Title | SALES MANAGER |
| Name | RAGAN, WILLIAM |
| Address | 6565 W. NORVELL BRYANT HWY |
| City-State-Zip: | CRYSTAL RIVER FL 34429 |

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: STEVEN C. TAYLOR

OWNER

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date