

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089142

**FILED**  
**Jan 03, 2022**  
**Secretary of State**  
**6286149139CC**

**Entity Name:** APPLETON ENTRPRISES LLC

**Current Principal Place of Business:**

1488 KEYSTONE RIDGE CIRCLE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

1488 KEYSTONE RIDGE CIRCLE  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 26-1076350

**Certificate of Status Desired:** No

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

APPLETON, COLIN  
1488 KEYSTONE RIDGE CIRCLE  
TARPON SPRINGS, FL 34688 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 MGR  
Name APPLETON, COLIN  
Address 1488 KEYSTONE RIDGE CIRCLE  
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR  
Name APPLETON, ANN  
Address 1488 KEYSTONE RIDGE CIRCLE  
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR  
Name GRAHAM WADE, EVE  
Address 1488 KEYSTONE RIDGE CIRCLE  
City-State-Zip: TARPON SPRINGS FL 34688

Title MGR  
Name GRAHAM, LAUREN  
Address 658 B-5 GREEN VALLEY RD  
City-State-Zip: PALM HARBOR FL 34683

Title AMBR  
Name WADE, NICHOLAS ALEXANDER  
Address 1488 KEYSTONE RIDGE CIRCLE  
City-State-Zip: TARPON SPRINGS FL 34688

Title AMBR  
Name APPLETON, CLARK  
Address 1488 KEYSTONE RIDGE CIR  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** COLIN APPLETON

**MGR**

**01/03/2022**

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

\_\_\_\_\_  
Date