

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071118

**Entity Name:** 142 STOCKTON, LLC

**Current Principal Place of Business:**

142 STOCKTON ST  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

PO BOX 50278  
JACKSONVILLE BEACH, FL 32240

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LINDROS, GARY C  
15496 SAN PABLO ROAD N  
JACKSONVILLE, FL 32240 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 LINDROS, GARY C  
Address PO BOX 50278  
City-State-Zip: JACKSONVILLE BEACH FL 32240

*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:** GARY LINDROS

**AGENT**

**02/11/2024**

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

\_\_\_\_\_  
Date