

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000027732

**Entity Name:** 19 ST. GEORGE STREET, LLC

**Current Principal Place of Business:**

11 MAGNOLIA AVE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

11 MAGNOLIA AVE  
ST AUGUSTINE, FL 32084 US

**FEI Number:** 45-4667902

**Certificate of Status Desired:** No

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

BAILEY, JOHN DJR  
780 N PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 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 FRASER, JOHN W  
Address 11 MAGNOLIA AVE  
City-State-Zip: ST AUGUSTINE FL 32084

Title MGR  
Name FRASER, V. BRYAN  
Address 117 2ND STREET  
City-State-Zip: ST AUGUSTINE BEACH FL 32080

Title MGR  
Name BINNINGER, JOAN E  
Address 114 HERONS NEST LANE  
City-State-Zip: ST AUGUSTINE FL 32080

Title MGR  
Name FRASER, ELAINE  
Address C/O OLD WOODEN SCHOOL HOUSE  
14A ST. GEORGE ST  
City-State-Zip: ST AUGUSTINE FL 32084

Title MGR  
Name BINNINGER, STEVEN P  
Address 114 HERONS NEST LANE  
City-State-Zip: ST AUGUSTINE FL 32080

*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 W FRASER

**MANAGING MEMBER**

**01/23/2024**

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

\_\_\_\_\_  
Date