

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000099521

**Entity Name:** MENDER LLC**Current Principal Place of Business:**11476 PINE STREET  
JACKSONVILLE, FL 32258**Current Mailing Address:**11476 PINE STREET  
JACKSONVILLE, FL 32258**FEI Number:** 46-0736403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUDLEY, DANIEL P  
11476 PINE STREET  
JACKSONVILLE, FL 32258 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 DUDLEY, DANIEL P  
Address 11476 PINE STREET  
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM  
Name DUDLEY, LINDA B  
Address 11476 PINE STREET  
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM  
Name DUDLEY, JUSTIN R  
Address 1605 CENTURY ACRES LANE  
City-State-Zip: ST JOHNS FL 32259

Title MGRM  
Name KING, DANETTE  
Address 671 ATHENS DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGRM  
Name CLARK, LEANNE  
Address 4149 DOWLING ROAD  
City-State-Zip: MIDDLEBURG FL 32068

Title MGRM  
Name TESTER, DEBRA  
Address 11841 CATRAKEE DR  
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM  
Name NORRIS, MEGAN  
Address 5948 ENCLAVE DRIVE SE  
City-State-Zip: MABLETON GA 30126

*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:** LINDA B DUDLEY

MGRM

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date