

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000168085

**Entity Name:** NOLEGATOR, LLC

**Current Principal Place of Business:**

4093 BEUNA VISTA AVE  
STARKE, FL 32091

**Current Mailing Address:**

4093 BEUNA VISTA AVE  
STARKE, FL 32091 US

**FEI Number:** 47-2214153

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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	AMBR	Title	AMBR
Name	CLARKE, SUZANNE	Name	CLARKE, SCOTT
Address	4093 BEUNA VISTA AVE	Address	4093 BEUNA VISTA AVE
City-State-Zip:	STARKE FL 32091	City-State-Zip:	STARKE FL 32091

*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:** SUZANNE CLARKE

**AUTHORIZED MEMBER**

**02/18/2025**

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

\_\_\_\_\_  
Date