

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000219007

**Entity Name:** CULMEN, LLC.

**Current Principal Place of Business:**

10030 AMBERWOOD RD  
FORT MYERS, FL 33913

**Current Mailing Address:**

10030 AMBERWOOD RD  
FORT MYERS, FL 33913

**FEI Number: 81-4590516**

**Certificate of Status Desired: No**

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

WILCOX, CARI  
10030 AMBERWOOD RD.  
FORT MYERS, FL 33913 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 BONNE W. POSMA REVOCABLE TRUST 12/13/2014  
Address 10030 AMBERWOOD RD.  
City-State-Zip: FORT MYERS FL 33913

Title AUTHORIZED MEMBER  
Name WILCOX, CARI  
Address 10030 AMBERWOOD RD  
City-State-Zip: FORT MYERS FL 33913

*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: CARI WILCOX**

**AUTHORIZED MEMBER**

**01/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date