

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002814

**Entity Name:** KAREN GILLISPIE, LLC**Current Principal Place of Business:**3692 OVERLOOK DR  
TALLAHASSEE, FL 32311**Current Mailing Address:**3692 OVERLOOK DR  
TALLAHASSEE, FL 32311 US**FEI Number:** 81-5065990**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLISPIE, KAREN  
3692 OVERLOOK DR  
TALLAHASSEE, FL 32311 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	GILLISPIE, KAREN
Address	3692 OVERLOOK DR
City-State-Zip:	TALLAHASSEE FL 32311

Title	AMBR
Name	WILLIAMSON, NIKKII
Address	3692 OVERLOOK DR
City-State-Zip:	TALLAHASSEE FL 32311

Title	AP
Name	GILLISPIE, CONRAD
Address	3692 OVERLOOK DR
City-State-Zip:	TALLAHASSEE FL 32311

Title	AP
Name	GILLISPIE, CARL
Address	3692 OVERLOOK DR
City-State-Zip:	TALLAHASSEE FL 32311

*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:** KAREN GILLISPIE

MGR

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date