

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000080998

**Entity Name:** HITCHPORT, LLC

**Current Principal Place of Business:**

1939 S.W. OAK RIDGE ROAD  
PALM CITY, FL 34990

**Current Mailing Address:**

1939 S.W. OAK RIDGE ROAD  
PALM CITY, FL 34990 US

**FEI Number:** 82-1149275

**Certificate of Status Desired:** No

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

BUSSELL, GARY E  
1939 S.W. OAK RIDGE ROAD  
PALM CITY, FL 34990 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	AR	Title	AUTHORIZED MEMBER
Name	BUSSELL, GARY E	Name	BUSSELL, JOYCE ANN
Address	1939 S.W. OAK RIDGE ROAD	Address	1939 S.W. OAK RIDGE ROAD
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

*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:** GARY E. BUSSELL

AR

01/24/2023

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

\_\_\_\_\_  
Date