# that my name appears above, or on an attachment with all other like empowered. 05/01/2024

SIGNATURE: JOSEPH N SIMMONS IV

Electronic Signature of Signing Authorized Person(s) Detail

- Authorized Person(s) Detail ·
- Electronic Signature of Registered Agent
- SIGNATURE: JOSEPH SIMMONS

Authonizeu Person(s) Detail .							
MGR							
SIMMONS, JOSEPH N IV							
3614 EVANS AVENUE							

City-State-Zip: FORT MYERS FL 33901

2024	FLORIDA	LIMITED	LIABILITY	COMPANY	ANNUAL	REPORT

#### DOCUMENT# L17000250870

#### Entity Name: SIMMONS CAPITAL MANAGEMENT GROUP, LLC

#### **Current Principal Place of Business:**

3614 EVANS AVENUE FORT MYERS. FL 33901

#### **Current Mailing Address:**

3614 EVANS AVENUE FORT MYERS. FL 33901 US

#### FEI Number: 83-2763853

## Name and Address of Current Registered Agent:

SIMMONS, JOSEPH NATHAN IV 3614 EVANS AVE FORT MYERS, FL 33901-8312 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.

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

05/01/2024

Date

### FILED May 01, 2024 Secretary of State 7494548543CC

Certificate of Status Desired: No

Date