

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000119936

**Entity Name:** FAILOR ENTERPRISES LLC

**Current Principal Place of Business:**

354 N JUNGLE RD  
GENEVA, FL 32732

**Current Mailing Address:**

PO BOX 659  
GENEVA, FL 32732 US

**FEI Number:** 83-0570789

**Certificate of Status Desired:** No

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

FAILOR, AUSTIN  
354 N JUNGLE RD  
GENEVA, FL 32732 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  
Name            FAILOR, AUSTIN KYLE  
Address         354 N JUNGLE RD  
City-State-Zip: GENEVA FL 32732

*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:** AUSTIN FAILOR

**OWNER**

**03/09/2023**

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

\_\_\_\_\_ Date