#### 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.

AGENT

SIGNATURE: H J UNDERILL III

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: 3962 EAU GALLIE, LIMITED LIABILITY COMPANY

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

490 N HARBOR CITY BLVD. MELBOURNE, FL 32935

DOCUMENT# L19000091824

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

490 N HARBOR CITY BLVD. MELBOURNE, FL 32935 US

### FEI Number: 38-4116370

### Name and Address of Current Registered Agent:

UNDERILL, HJ III 490 N HARBOR CITY BLVD. MELBOURNE, FL 32935 US

The above named la.

#### SIGNATURE

## Authorized

Title	MGR	Title	AMBR
Name	UNDERILL, H J III	Name	UNDERILL, SHARON
Address	490 N HARBOR CITY BLVD.	Address	490 N HARBOR CITY BLVD.
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida						
E:						
	Electronic Signature of Registered Agent					
Person(s) Detail :						
Ν	/IGR	Title	AMBR			
1		Namo				

Certificate of Status Desired: No

FILED Mar 07, 2024 Secretary of State 3391287844CC

Date

03/07/2024 Date