

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000202332

**Entity Name:** THE MEGAN FARRELL TEAM LLC

**Current Principal Place of Business:**

2 OFFICE PARK DR.  
STE. D  
PALM COAST, FL 32137

**Current Mailing Address:**

2 OFFICE PARK DR.  
STE. D  
PALM COAST, FL 32137 US

**FEI Number:** 85-1677959

**Certificate of Status Desired:** No

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

FARRELL, MEGAN A  
2 OFFICE PARK DR.  
STE. D  
PALM COAST, FL 32137 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, MANAGER	Title	AR
Name	FARRELL, MEGAN	Name	NELSON, BRADY
Address	2 OFFICE PARK DR. STE. D	Address	2 OFFICE PARK DR. STE. D
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137

*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:** MEGAN FARRELL

**MANAGER**

**04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date