

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000215767

**Entity Name:** ANNE MARIE OLINGER, LLC

**Current Principal Place of Business:**

6106 113TH TER E  
PARRISH, FL 34219

**Current Mailing Address:**

6106 113TH TER E  
PARRISH, FL 34219 US

**FEI Number: 84-3059900**

**Certificate of Status Desired:** No

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

OLINGER, ANNE M  
6106 113TH TER E  
PARRISH, FL 34219 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            AUTHORIZED MEMBER  
Name            OLINGER, ANNE M  
Address        6106 113TH TER E  
City-State-Zip: PARRISH FL 34219

*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:** ANNE MARIE OLINGER

**MGR**

**01/05/2023**

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

\_\_\_\_\_ Date