

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000088714

**Entity Name:** TURNER CONSULTING OF ST. CLOUD, L.L.C.

**Current Principal Place of Business:**

2086 BLACKFOOT TRAIL  
ST. CLOUD, FL 34771

**Current Mailing Address:**

1138 NEW YORK AVENUE  
ST. CLOUD, FL 34769--378 UN

**FEI Number: 85-0628809**

**Certificate of Status Desired: No**

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

HEMPHILL, JAMES C  
1138 NEW YORK AVENUE  
ST. CLOUD, FL 34769- 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 MGR  
Name TURNER, BRIAN  
Address 2086 BLACKFOOT TRAIL  
City-State-Zip: ST. CLOUD FL 34771

Title MGR  
Name TURNER, CHRISTINE  
Address 2086 BLACKFOOT TRAIL  
City-State-Zip: ST. CLOUD FL 34771

*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: BRIAN TURNER**

**MGR**

**04/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date