

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000140193

**Entity Name:** MENINGER QOF, LLC

**Current Principal Place of Business:**

97439 BLACKBEARDS WAY  
YULEE, FL 32097

**Current Mailing Address:**

97439 BLACKBEARDS WAY  
YULEE, FL 32097 US

**FEI Number: 85-1249429**

**Certificate of Status Desired: No**

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

MENINGER, JASON P  
100 GROVE AVENUE  
97439 BLACKBEARDS WAY  
YULEE, FL 32097 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 MENINGER MANAGEMENT, LLC  
Address 97439 BLACKBEARDS WAY  
City-State-Zip: YULEE FL 32097

*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: JASON MENINGER**

**OWNER**

**02/20/2023**

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

\_\_\_\_\_  
Date