

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000267098

**Entity Name:** SLMPAP, LLC

**Current Principal Place of Business:**

11150 N WILLIAMS ST  
SUITE 6  
DUNNELLON, FL 34432

**Current Mailing Address:**

11150 N WILLIAMS ST  
SUITE 6  
DUNNELLON, FL 34432-8364 US

**FEI Number:** 85-2733701

**Certificate of Status Desired:** No

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

MIKKLESON, STEPHEN L  
20946 RIVER DR  
DUNNELLON, FL 34431 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            AMBR  
Name            MIKKLESON, STEPHEN L  
Address        20946 RIVER DR  
City-State-Zip: DUNNELLON FL 34431

*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:** STEPHEN L MIKKLESON

AMBR

03/28/2022

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

\_\_\_\_\_  
Date