

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000273595

**Entity Name:** COLGAN SIMON, LLC

**Current Principal Place of Business:**

191 SAND OAKS CIRCLE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

191 SAND OAKS CIRCLE  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 85-2892523

**Certificate of Status Desired:** No

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

SIMON, LESLY S  
191 SAND OAKS CIRCLE  
SANTA ROSA BEACH, FL 32459 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	Title	MGR
Name	SIMON, LESLY S	Name	COLGAN, ELIZABETH T
Address	191 SAND OAKS CIRCLE	Address	426 GOLFVIEW ROAD
City-State-Zip:	SANTA ROSA BEACH FL 32459	City-State-Zip:	ATLANTA GA 30309

*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:** LESLY SIMON

**PARTNER**

**01/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date