

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000003209

**Entity Name:** STOGIE WARES LLC

**Current Principal Place of Business:**

5991 CHESTER AVE  
#103  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

5991 CHESTER AVE  
#103  
JACKSONVILLE, FL 32217

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, CECIL B  
5991 CHESTER AVE  
#103  
JACKSONVILLE, FL 32217 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 WILLIAMS, CECIL B  
Address 11538 SUMMER BROOK CT  
City-State-Zip: JACKSONVILLE FL 32258

Title AMBR  
Name WILLIAMS, ADAM B  
Address 10440 SWIFT STREAM PLACE  
BLDG 14, #302  
City-State-Zip: COLUMBIA MD 21044

Title AMBR  
Name WILLIAMS, GRANT H  
Address 620 GLEN IRIS DRIVE NE  
#211  
City-State-Zip: ATLANTA GA 30308

*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:** CECIL B WILLIAMS

**PRESIDENT**

**04/29/2024**

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

\_\_\_\_\_  
Date