

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000100976

**Entity Name:** PAMELA MODISETT, LLC

**Current Principal Place of Business:**

12802 DEACONS PL  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

12802 DEACONS PL  
LAKEWOOD RANCH, FL 34202 UN

**FEI Number:** 86-2628817

**Certificate of Status Desired:** Yes

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

MODISETT, PAMELA G  
12802 DEACONS PL  
LAKEWOOD RANCH, FL 34202 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 MODISETT, PAMELA G.  
Address 12802 DEACONS PLACE  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AMBR  
Name MODISETT, MICHAEL P.  
Address 12802 DEACONS PLACE  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title AMBR  
Name CANNON, JAMES D.  
Address 549 PERRY SWITCH RD  
City-State-Zip: JACKSON TN 38301

Title AMBR  
Name POMEROY, AMBER  
Address 63 CALUMET DRIVE  
City-State-Zip: JACKSON TN 38305

*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:** PAMELA MODISETT

**OWNER/MANAGER**

**03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date