

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000305178

**Entity Name:** AT STAMPER LLC

**Current Principal Place of Business:**

674 S TIMBERLANE DR  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

674 S TIMBERLANE DR  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 87-1520647

**Certificate of Status Desired:** No

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

STAMPER, TRAVIS  
674 S TIMBERLANE DR  
NEW SMYRNA BEACH, FL 32168 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	AMBR
Name	STAMPER, TRAVIS	Name	STAMPER, AIMEE
Address	674 S TIMBERLANE DR	Address	674 S TIMBERLANE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168

*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:** TRAVIS STAMPER

MGR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date