2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000434707

Entity Name: LAGNIAPPE HOLDINGS, LLC

Current Principal Place of Business:

52 TUSCAN WAY SUITE 202 #422

ST. AUGUSTINE, FL 32092

Current Mailing Address:

52 TUSCAN WAY SUITE 202 #422

ST. AUGUSTINE, FL 32092 US

FEI Number: 20-1236960 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDGINS, THOMAS ESQ. 2800 DAVIS BLVD. STE 203 NAPLES, FL 32104 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

FILED Aug 08, 2023

Secretary of State

8061390871CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

NameESTES, RUSSELLNameANZELMO, FRANCES TAddress2241 SE 349 HWY. #52Address52 TUSCAN WAY #202-417City-State-Zip:OLD TOWN FL 32680City-State-Zip:ST. AUGUSTINE FL 32092

Title MGR Title AMBR

NameFAISON, TONYA BNameMCADAM, TONYA S.Address5 RIPTON PLACEAddress4600 STILLVIEW DR.

DURHAM

AMBR

City-State-Zip: PALM COAST FL 32113 City-State-Zip: DURHAM NC 27712

Title AMBR Title

Name STEWART, TERRI J Name RUCKER, AMY L.

Address 6017 PINE RIDGE RD.

SUITE 444 Address P.O. BOX 1067

City-State-Zip: NAPLES FL 34119 City-State-Zip: NAPLES FL 34106

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: TERRI STEWART

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED MEMBER

08/08/2023