

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000434707

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**3014795767CC**

**Entity Name:** LAGNIAPPE HOLDINGS, LLC

**Current Principal Place of Business:**

6017 PINE RIDGE RD.  
SUITE 444  
NAPLES, FL 34119

**Current Mailing Address:**

6017 PINE RIDGE RD  
SUITE 444  
NAPLES, FL 34119 US

**FEI Number:** 20-1236960

**Certificate of Status Desired:** No

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

STEWART, TERRI J  
6017 PINE RIDGE RD  
SUITE 444  
NAPLES, FL 34119 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:** TERRI J STEWART

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ESTES, RUSSELL  
Address 2241 SE 349 HWY. #52  
City-State-Zip: OLD TOWN FL 32680

Title AMBR  
Name ANZELMO, FRANCES T  
Address 52 TUSCAN WAY #202-417  
City-State-Zip: ST. AUGUSTINE FL 32092

Title AMBR  
Name MCADAM, TONYA MICHELLE  
Address 4600 STILLVIEW DR.  
DURHAM  
City-State-Zip: DURHAM NC 27712

Title AMBR  
Name STEWART, TERRI J  
Address 5224 W. STATE RD. 46 BOX 422  
City-State-Zip: SANFORD FL 32771

Title AMBR  
Name BRILL, AMY LYNN  
Address 2614 TAMIAMI TRAIL N.  
City-State-Zip: NAPLES FL 34103

*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 J STEWART

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date