

**2022 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

**Authorized Person(s) Detail :**

Title AMBR  
Name STEWART, TERRI  
Address 52 TUSCAN WAY #202-422  
City-State-Zip: ST. AUGUSTINE FL 32092

Title AMBR  
Name ESTES, RUSSELL  
Address 101 W. ARDICE, C/O WALGREENS  
CORP.  
City-State-Zip: EUSTIS FL 32726

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

Title MGR  
Name FAISON, TONYA B  
Address 125 LEGENDARY CIRCLE #207  
City-State-Zip: ST AUGUSTINE FL 32092

*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

**MANAGER**

**08/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date