

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000462565

**Entity Name:** REGAL REDNECK, LLC

**Current Principal Place of Business:**

750 HORSEMAN DRIVE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

750 HORSEMAN DRIVE  
PORT ORANGE, FL 32127 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WAKEMAN, GWENDOLYN S  
750 HORSEMAN DRIVE  
PORT ORANGE, FL 32127 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            WAKEMAN, GWENDOLYN  
Address        750 HORSEMAN DRIVE  
City-State-Zip: PORT ORANGE 32127

*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:** GWENDOLYN WAKEMAN

AMBR

03/09/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date