

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000063981

**Entity Name:** LET US GET YOU STONED LLC

**Current Principal Place of Business:**

4217 ELEANOR ST  
PACE, FL 32571--220

**Current Mailing Address:**

4217 ELEANOR ST  
PACE, FL 32571 UN

**FEI Number: 88-1334975**

**Certificate of Status Desired: Yes**

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

NOA, LISA  
4217 ELEANOR ST  
PACE, FL 32571--2208 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           | MGR                 |
| Name            | M NOA, LISA M      | Name            | M NOA, KRISTOPHER W |
| Address         | 4217 ELEANOR ST    | Address         | 4217 ELEANOR ST     |
| City-State-Zip: | PACE FL 32571--220 | City-State-Zip: | PACE FL 32571--220  |

*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: LISA M NOA**

**MANAGER**

**03/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date