## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000106800

**Entity Name: STUMP RANGERS LLC** 

**Current Principal Place of Business:** 

9883 MAHAN DR.

TALLAHASSEE, FL 32309

**FILED** Apr 10, 2025 **Secretary of State** 5891295184CC

## **Current Mailing Address:**

9883 MAHAN DR.

TALLAHASSEE. FL 32309 US

FEI Number: 88-0951927 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BUCKLEY, KIMBERLY B 9883 MAHAN DR. TALLAHASSEE, FL 32309 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: KIMBERLY BUCKLEY 04/10/2025

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGR Title MGR

GRAHAM, WENDI P Name BUCKLEY, KIMBERLY B Name

1020 CAP TRAM ROAD Address 9883 MAHAN DR Address

City-State-Zip: TALLAHASSEE FL 32317 City-State-Zip: TALLAHASSEE FL 32309

Title MGR Title MGR

Name GRAHAM, MICHAEL H BUCKLEY, ANDRE B Name 1020 CAP TRAM RD Address Address 9883 MAHAN DR. TALLAHASSEE FL 32309 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32309

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.

Electronic Signature of Signing Authorized Person(s) Detail