

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000251068

**Entity Name:** ANN MARIE WIGGINS L.L.C.

**Current Principal Place of Business:**

2059 CARL RD  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

2059 CARL RD  
JACKSONVILLE, FL 32209 US

**FEI Number: 88-2715089**

**Certificate of Status Desired: Yes**

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

WIGGINS, ANN M  
2059 CARL RD  
JACKSONVILLE, FL 32209 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	MANAGER	Title	AUTHORIZED MEMBER
Name	WIGGINS, ANN M	Name	JOHNSON, JANAY
Address	2059 CARL RD	Address	149 ALLENTOWN WAY
City-State-Zip:	JACKSONVILLE FL 32209	City-State-Zip:	MACON GA 31216

*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: ANN MARIE WIGGINS**

**MANAGER**

**04/30/2024**

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

\_\_\_\_\_  
Date