

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000421399

**Entity Name:** SPENFATAL EXPRESS LLC

**Current Principal Place of Business:**

1120 NE 2ND STREET  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

1120 NE 2ND STREET  
BOYNTON BEACH, FL 33435

**FEI Number:** 92-0778393

**Certificate of Status Desired:** No

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

FATAL, SPENCHEL  
1120 NE 2ND STREET  
BOYNTON BEACH, FL 33435 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  
Name FATAL, SPENCHEL  
Address 1120 NE 2ND STREET  
City-State-Zip: BOYNTON BEACH FL 33435

Title MGR  
Name SAINT GERMAIN, CALINE  
Address 1120 NE 2ND STREET  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** CALINE SAINT GERMAIN

**MANAGER**

**04/26/2024**

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

\_\_\_\_\_  
Date