

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000502141

**Entity Name:** STAUFFER FAMILY MANAGEMENT LLC

**Current Principal Place of Business:**

4453 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4453 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224 US

**FEI Number: 88-4378766**

**Certificate of Status Desired: No**

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

STAUFFER, JOHN  
4453 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224 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	STAUFFER, JOHN	Name	STAUFFER, LAUREN A
Address	4453 SWILCAN BRIDGE LANE NORTH	Address	4453 SWILCAN BRIDGE LANE NORTH
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

*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: JOHN STAUFFER**

**MGR**

**02/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date