

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000533651

**Entity Name:** THE GRADY & SADIE SINGLETON FAMILY, LLC

**Current Principal Place of Business:**

C/O CYNTHIA PETERS  
671 LAKESIDE CIRCLE #510  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

6825 FULLER ROAD  
COLLEGE GROVE, TN 37046 US

**FEI Number:** 65-1123884

**Certificate of Status Desired:** No

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

MACLEAN AND EMA, P.A.  
2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH, FL 33062 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 CLARK, GLENDA S  
Address 651 VILLAGE DRIVE APT 1406  
City-State-Zip: POMPAN0 BEACH FL 33060

Title MGR  
Name PETERS, CYNTHIA S  
Address 671 LAKESIDE CIRCLE APT 510  
City-State-Zip: POMPAN0 BEACH FL 33060

Title MGR  
Name SIMON, JENNIFER S  
Address 6852 FULLER ROAD  
City-State-Zip: COLLEGE GROVE TN 37046

*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:** JENNIFER SIMON

**MGR**

**04/27/2023**

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

\_\_\_\_\_  
Date