

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000105821

**Entity Name:** 1009 WEST GORRIE, LLC**Current Principal Place of Business:**2699 SOUTH US HWY 231  
SPENCER, IN 46460**Current Mailing Address:**2699 SOUTH US HWY 231  
SPENCER, IN 46460**FEI Number:** 92-2805427**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRISTY BRANCH BANKS, P.A.  
171 US HWY 98 WEST  
SUITE A  
EASTPOINT, FL 32328 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	BYBEE, LAURA
Address	2699 SOUTH US HWY 231
City-State-Zip:	SPENCER IN 46460

Title	MGR
Name	BYBEE, WILLIAM H
Address	2699 SOUTH US HWY 231
City-State-Zip:	SPENCER IN 46460

Title	AMBR
Name	BYBEE, WILLIAM D
Address	120 N GLENWOOD AVE E
City-State-Zip:	BLOOMINGTON IN 47408

Title	AMBR
Name	BYBEE, SHERROD D
Address	707 N TURTLE CREEK DR
City-State-Zip:	ROGERS AR 72756

Title	AMBR
Name	BYBEE, BRADAN C
Address	2695 S US HWY 231
City-State-Zip:	SPENCER IN 47460

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:** LAURA BYBEE

MGR

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date