

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000483160

**Entity Name:** SAINT ANDRAL INSTITUTE LLC

**Current Principal Place of Business:**

321 NE 14TH AVE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

321 NE 14TH AVE  
BOYNTON BEACH, FL 33435 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LACOMBE, SOPHONIE  
321 NE 14TH AVE  
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            OWNER  
Name            SOPHONIE , LACOMBE  
Address        321 NE 14TH AVE  
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:** SOPHONIE LACOMBE

OWNER

02/19/2024

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

\_\_\_\_\_ Date