

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007895

Entity Name: LES JEANPAULINIENBERGOGLIENS, INC.**Current Principal Place of Business:**5965 SLEEPY HOLLOW CT
MILTON, FL 32570**Current Mailing Address:**PO BOX 1851
SANTA ROSA BEACH, FL 32459 US**FEI Number: 56-2405308****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CELESTIN, ROSE C
528 N.W.123RD STREET
MIAMI, FL 33168 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**Officer/Director Detail :**

Title P
Name PLANCHER, EMMANUEL CHRISTIAN
FR
Address 5965 SLEEPY HOLLOW CT
City-State-Zip: MILTON FL 32570

Title SD
Name FIGUEROA, MICHELLE
Address PO BOX 1851
City-State-Zip: SANTA ROSA BEACH FL 32459

Title OFFICER
Name AIME, OCTAVIUS
Address PO BOX 1851
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VPD
Name PLANCHER, VLADIMIR
Address PO BOX 1851
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TD
Name VERNORD, NICOLE
Address PO BOX 1851
City-State-Zip: SANTA ROSA BEACH FL 32459

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PLANCHER , EMMANUEL CHRISTIAN FR**P****02/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date