

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000041468

**Entity Name:** SPRUCESYSTEMS INC.

**Current Principal Place of Business:**

3520 SW SAWGRASS VILLAS DRIVE  
PALM CITY, FL 34990

**Current Mailing Address:**

3520 SW SAWGRASS VILLAS DRIVE  
PALM CITY, FL 34990

**FEI Number:** 86-3753030

**Certificate of Status Desired:** No

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

LAVEIGNE, SETH  
2514 SW PARK MEADOWS TRL  
PALM CITY, FL 34990 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:** SETH LAVEIGNE

04/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAVEIGNE, SETH  
Address 2514 SW PARK MEADOWS TRL  
City-State-Zip: PALM CITY FL 34990

Title T  
Name LAVEIGNE, SETH  
Address 2514 SW PARK MEADOWS TRL  
City-State-Zip: PALM CITY FL 34990

Title S  
Name LAVEIGNE, SETH  
Address 2514 SW PARK MEADOWS TRL  
City-State-Zip: PALM CITY FL 34990

Title D  
Name LAVEIGNE, SETH  
Address 2514 SW PARK MEADOWS TRL  
City-State-Zip: PALM CITY FL 34990

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SETH LAVEIGNE

**PRESIDENT**

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date