

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005940

**Entity Name:** FOUNTAIN DEVELOPMENT, L.L.C.**Current Principal Place of Business:**1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955**Current Mailing Address:**1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955**FEI Number:** 59-3561115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAFFIOT, ROBERT R  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955 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           | MGRM                              |
| Name            | CHAFFIOT, ROBERT RSR.             |
| Address         | 1802 SOUTH FISKE BLVD., SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955                |

|                 |                                   |
|-----------------|-----------------------------------|
| Title           | MGRM                              |
| Name            | CHAFFIOT, MARK K                  |
| Address         | 1802 SOUTH FISKE BLVD., SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955                |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | CHAFFIOT, VICTOR A           |
| Address         | 1802 S. FISKE BLVD SUITE 101 |
| City-State-Zip: | ROCKLEDGE FL 32955           |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | CHAFFIOT, ROBERT RJR         |
| Address         | 1802 S. FISKE BLVD. STE. 101 |
| City-State-Zip: | ROCKLEDGE FL 32955           |

*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:** MARK CHAFFIOT**MANAGING MEMBER****02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date