## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042489

Entity Name: PIERRE AND ASSOCIATES L.L.C.

**Current Principal Place of Business:** 

4595 HYPOLUXO RD SUITE 2 LAKE WORTH. FL 33463

**Current Mailing Address:** 

4595 HYPOLUXO RD SUITE 2 LAKE WORTH, FL 33463

FEI Number: 20-0435414 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE, MARIE D 4595 HYPOLUXO RD SUITE 2 LAKE WORTH, FL 33463 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

FILED Mar 16, 2023

**Secretary of State** 

5251890245CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name PIERRE, MARIE D Name PIERRE, CHARLES J

Address 4595 HYPOLUXO RD SUITE 2 Address 4595 HYPOLUXO RD STE 2

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name PIERRE, DAHLIA A Name PIERRE, JODIE K

Address 4595 HYPOLUXO RD STE 2 Address 4595 HYPOLUXO RD STE 2

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

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.

**MGRM** 

SIGNATURE: PIERRE , MARIE D

Electronic Signature of Signing Authorized Person(s) Detail

03/16/2023

Date