

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015188

**Entity Name:** STOCKTON ENTERPRISES, LLC

**Current Principal Place of Business:**

6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

PO BOX 0397  
NEW PORT RICHEY, FL 34656

**FEI Number:** 20-0778199

**Certificate of Status Desired:** No

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

STOCKTON-SLONE, CHARLYNN  
6227 TROUBLE CREEK ROAD  
NEW PORT RICHEY, FL 34653 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            PRES  
Name            STOCKTON-SLONE, CHARLYNN  
Address        6227 TROUBLE CREEK ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

*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:** CHARLYNN STOCKTON-SLONE

**PRESIDENT**

**03/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date