

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040812

**Entity Name:** EILEEN MIKULECKY, LLC

**Current Principal Place of Business:**

2612 LOST BALL DR  
SEBRING, FL 33872

**Current Mailing Address:**

2612 LOST BALL DR  
SEBRING, FL 33872 US

**FEI Number:** 20-2702332

**Certificate of Status Desired:** No

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

JOHN, MCCLURE ESQ.  
210 RIDGEWOOD DR  
SEBRING, FL 33872 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 NELSON, JANE L  
Address 2612 LOST BALL DR  
City-State-Zip: SEBRING, FL 33872

*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:** JANE NELSON

**MANAGER**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date