

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062146

**Entity Name:** A WITHERSPOON ENTERPRISE, LLC

**Current Principal Place of Business:**

707 W. MONTROSE ST.  
CLERMONT, FL 34711

**Current Mailing Address:**

707 W. MONTROSE ST.  
CLERMONT, FL 34711 US

**FEI Number:** 20-5061271

**Certificate of Status Desired:** No

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

WALSH, AMANDA  
707 WEST MONTROSE ST  
CLERMONT, FL 34711 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 WALSH, AMANDA  
Address 707 W. MONTROSE ST.  
City-State-Zip: CLERMONT FL 34711

*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:** AMANDA WALSH

**OWNER**

**02/04/2023**

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

\_\_\_\_\_  
Date