

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000098

**Entity Name:** C. LUTHER PICKELS & ASSOCIATES, LLC

**Current Principal Place of Business:**

990 S. JEFFERSON ST  
MONTICELLO, FL 32344

**Current Mailing Address:**

PO BOX 413  
MONTICELLO, FL 32345 US

**FEI Number:** 20-8136185

**Certificate of Status Desired:** No

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

PICKELS, BARBARA ANN  
990 S. JEFFERSON ST  
MONTICELLO, FL 32344 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:** BARBARA ANN PICKELS

01/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CLP REVOCABLE TRUST OF  
DECEMBER 29, 2020, BARBARA ANN  
PICKELS, TRUSTEE  
Address 990 S. JEFFERSON ST  
City-State-Zip: MONTICELLO FL 32344

*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:** BARBARA PICKELS

MMB/TRUSTEE OF TRUST 01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date