

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000127050

**Entity Name:** YVETTE MIGNON, LLC

**Current Principal Place of Business:**

1965 CAPITAL CIRCLE, NE  
SUITE 102  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1965 CAPITAL CIRCLE, NE  
SUITE 102  
TALLAHASSEE, FL 32308

**FEI Number:** 26-1626904

**Certificate of Status Desired:** No

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

MIGNON, YVETTE M.D.  
1965 CAPITAL CIRCLE, NE  
SUITE 102  
TALLAHASSEE, FL 32308 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:** YVETTE MIGNON

07/24/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MIGNON, YVETTE M.D.  
Address 1965 CAPITAL CIRCLE, NE  
SUITE 102  
City-State-Zip: TALLAHASSEE FL 32308

*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:** YVETTE MIGNON

MANAGER

07/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date