

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092303

**Entity Name:** FIRST DAY DIEHARDS,LLC

**Current Principal Place of Business:**

5101 28TH AVE S  
GULFPORT, FL 33707

**Current Mailing Address:**

5101 28TH AVE S  
GULFPORT, FL 33707 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DESLANDES, PHILIP  
5101 28TH AVE S  
GULFPORT, FL 33707 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:** PHILIP DESLANDES

04/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                       |
|-----------------|-------------------------|-----------------|-----------------------|
| Title           | MGRM                    | Title           | AUTHORIZED MEMBER     |
| Name            | DESLANDES, PHILIP       | Name            | LESSL, CURT W         |
| Address         | 5101 28TH AVE S         | Address         | 4252 ALPINE ROAD      |
| City-State-Zip: | GULFPORT FL 33707       | City-State-Zip: | LAND O'LAKES FL 34639 |
|                 |                         |                 |                       |
| Title           | AUTHORIZED MEMBER       |                 |                       |
| Name            | LEHMANN, THOMAS R       |                 |                       |
| Address         | 6749 POINSETTIA AVE S   |                 |                       |
| City-State-Zip: | ST. PETERSBURG FL 33707 |                 |                       |

*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:** PHILIP DESLANDES

MGRM

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date