# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000065753

Entity Name: SAINTE FAUSTE, LLC

# **Current Principal Place of Business:**

C/OSUSAN MURPHY KLAMM 411 WALNUT STREET # 11130 GREEN COVE SPRINGS, FL 32043-3447

# **Current Mailing Address:**

C/O SUSAN MURPHY KLAMM 411 WALNUT STREET # 11130 GREEN COVE SPRINGS, FL 32043-3447 US

## FEI Number: 16-1644176

## Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M 712 SOUTH OREGON AVENUE TAMPA, FL 33606 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

# Authorized Person(s) Detail :

TitlePRESIDENTNameMURPHY KLAMM, SUSANAddress411 WALNUT STREET # 11130City-State-Zip:GREEN COVE SPRINGS FL 32043-

. 3447

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: SUSAN MURPHY KLAMM

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/27/2024

Date

Date