

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105274

**Entity Name:** FOOTPRINT BY LALONDE, LLC

**Current Principal Place of Business:**

189 S ORANGE AVE, SUITE 840S  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 273  
MIMS, FL 32754 US

**FEI Number:** 27-3655961

**Certificate of Status Desired:** No

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

MARC-ANDRE, LALONDE  
189 S ORANGE AVE, SUITE 840S  
ORLANDO, FL 32801 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:** MARC-ANDRE LALONDE

03/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	CEO
Name	LALONDE, MARC-ANDRE	Name	LALONDE, CHELSI
Address	189 S ORANGE AVE, SUITE 840S	Address	189 S ORANGE AVE, SUITE 840S
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801

*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:** CHELSI LALONDE

CEO

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date