

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000001344

**Entity Name:** DAVE ELIASSON LLC

**Current Principal Place of Business:**

11639 QUAIL RUN DRIVE  
FT. MYERS, FL 33908

**Current Mailing Address:**

11639 QUAIL RUN DRIVE  
FT. MYERS, FL 33908

**FEI Number:** 45-4311676

**Certificate of Status Desired:** No

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

ELIASSON, DAVE  
11639 QUAIL RUN DRIVE  
FT. MYERS, FL 33908 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | MGR                   | Title           | MGRM                  |
| Name            | ELIASSON, DAVE        | Name            | PETERS, TAMMY         |
| Address         | 11639 QUAIL RUN DRIVE | Address         | 11639 QUAIL RUN DRIVE |
| City-State-Zip: | FT. MYERS FL 33908    | City-State-Zip: | FT. MYERS FL 33908    |

*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:** DAVE ELIASSON

04/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date