

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000077209

**Entity Name:** ARTISAN TOOL & DIE, LLC

**Current Principal Place of Business:**

C/O H. DOUG MANSFIELD  
3805 W. SR 28  
MUNCIE, IN 47303

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**5218980726CC**

**Current Mailing Address:**

C/O H. DOUG MANSFIELD  
2305 72ND AVENUE E  
SARASOTA, FL 34243 US

**FEI Number:** 65-0253745

**Certificate of Status Desired:** Yes

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

MANSFIELD, H. DOUG  
2305 72ND AVENUE E  
SARASOTA, FL 34243 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            PRESIDENT/SECRETARY/TREASURER  
Name            MANSFIELD, H. DOUG  
Address        2305 72ND AVENUE E.  
City-State-Zip: SARASOTA FL 34243

Title            CO-MANAGER  
Name            JONES, CHAD G  
Address        C/O H. DOUG MANSFIELD  
                  3805 W. SR 28  
City-State-Zip: MUNCIE IN 47303

*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:** MANSFIELD, H. DOUG

**PRESIDENT**

**01/16/2024**

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

\_\_\_\_\_  
Date