

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000116152

**Entity Name:** SUZANDRA, LLC**Current Principal Place of Business:**305 N RHODES STREET  
MT DORA , FL 32757**Current Mailing Address:**305 N RHODES ST  
MT DORA , FL 32757 US**FEI Number:** 05-2187492**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JARQUE, SUZANNE M  
305 N RHODES ST.  
MT DORA , FL 32757 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:** SUZANNE M JARQUE

01/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                   |
|-----------------|---------------------|-----------------|-------------------|
| Title           | MGRM                | Title           | AUTHORIZED MEMBER |
| Name            | JARQUE, SUZANNE M   | Name            | JARQUE, SUZANNE   |
| Address         | 305 N RHODES ST     | Address         | 305 N RHODES ST   |
| City-State-Zip: | MT DORA FL 32757    | City-State-Zip: | MT DORA FL 32757  |
|                 |                     |                 |                   |
| Title           | AUTHORIZED MEMBER   | Title           | AUTHORIZED MEMBER |
| Name            | GINETT, SANDRA JEAN | Name            | GINETT, PAUL J    |
| Address         | 305 N RHODES ST     | Address         | 305 N RHODES ST   |
| City-State-Zip: | MT DORA FL 32757    | City-State-Zip: | MT DORA FL 32757  |

*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:** SUZANNE JARQUE

MGM

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date