

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000111308

Entity Name: HOPGOOD ENTERPRISES LLC**Current Principal Place of Business:**2683 GINGERWOOD DRIVE
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**2683 GINGERWOOD DRIVE
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 46-3605137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOPGOOD, PAMELA M
2683 GINGERWOOD DRIVE
NEW SMYRNA BEACH, FL 32168 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	MGRM	Title	AUTHORIZED MEMBER
Name	HOPGOOD, PAMELA M	Name	HOPGOOD, JOHN
Address	2683 GINGERWOOD DRIVE	Address	2683 GINGERWOOD DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: PAMELA HOPGOOD**MANAGING MEMBER****02/24/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date