

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000002085

**Entity Name:** LUCINDA L GALLAGHER, CPA LLC

**Current Principal Place of Business:**

1232 CREEK BEND ROAD  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

1232 CREEK BEND ROAD  
1232 CREEK BEND ROAD, FL 32259

**FEI Number:** 90-1039090

**Certificate of Status Desired:** No

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

GALLAGHER, LUCINDA L  
1232 CREEK BEND ROAD  
1232 CREEK BEND ROAD, FL 32259 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  
Name GALLAGHER, LUCINDA L  
Address 1232 CREEK BEND ROAD  
City-State-Zip: SAINT JOHNS FL 32259

*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:** LUCINDA LEE GALLAGHER

**OWNER**

**03/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date