

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046876

**Entity Name:** REDNECK LIFE LLC

**Current Principal Place of Business:**

1549 LONG POND DR  
VALRICO, FL 33594

**Current Mailing Address:**

1549 LONG POND DR  
VALRICO, FL 33594 US

**FEI Number:** 47-3149860

**Certificate of Status Desired:** No

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

BEGLANE, CHRISTINA M  
1549 LONG POND DR  
VALRICO, FL 33594 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           MANAGER  
Name           BEGLANE, CHRISTINA M  
Address        1549 LONG POND DR  
City-State-Zip: VALRICO FL 33594

*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:** CHRISTINA BEGLANE

MANAGER

04/01/2024

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

\_\_\_\_\_  
Date