

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000088754

**Entity Name:** E. FESMIRE, CRNFA, LLC

**Current Principal Place of Business:**

10110 NW COUNTY ROAD 235  
ALACHUA, FL 32615

**Current Mailing Address:**

10110 NW COUNTY ROAD 235  
ALACHUA, FL 32615 US

**FEI Number:** 37-1759844

**Certificate of Status Desired:** No

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

FESMIRE, ELLEN E  
10110 NW COUNTY ROAD 235  
ALACHUA, FL 32615 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            AMBR  
Name            FESMIRE, ELLEN E  
Address        10110 NW COUNTY ROAD 235  
City-State-Zip: ALACHUA FL 32615

Title            ARNP, RNFA  
Name            QUINTANA, RACHEL  
Address        10110 NW COUNTY ROAD 235  
City-State-Zip: ALACHUA FL 32615

*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:** ELLEN FESMIRE

02/08/2024

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

\_\_\_\_\_ Date