2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2024
Secretary of State
2198078159CC

DOCUMENT# L15000051756

Entity Name: CORINNELECLAIRE,LLC

Current Principal Place of Business:

4575 S. ATLANTIC AVENUE
SUITE 6102
PONCE INLET, FL 32127

Current Mailing Address:

4575 S ATLANTIC AVENUE
SUITE 6102
PONCE INLET , FL 32127 US

FEI Number: 47-4143186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LECLAIRE, CORINNE B
4575 S. ATLANTIC AVENUE
SUITE 6102
PONCE INLET, FL 32127 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: CORINNE B LECLAIRE 04/10/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	LECLAIRE, CORINNE B
Address	4575 S. ATLANTIC AVENUE SUITE 6102
City-State-Zip:	PONCE INLET FL 32127

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: CORINNE BABETTE LECLAIRE MANAGER 04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date