# that my name appears above, or on an attachment with all other like empowered. 02/21/2025

PRESIDENT

#### SIGNATURE: LARRY G HOPKINS

Electronic Signature of Signing Authorized Person(s) Detail

## **1811 CATTAIL CIRCLE**

**Current Principal Place of Business:** 

NEW SMYRNA BEACH. FL 32168 US

#### FEI Number: 81-0775147

DOCUMENT# L15000202309

NEW SMYRNA BEACH. FL 32168

**Current Mailing Address:** 

1811 CATTAIL CIRCLE

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

Entity Name: GREGG HOPKINS & ASSOCIATES LLC

HOPKINS, LARRY G **1811 CATTAIL CIRCLE** 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

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	HOPKINS, LARRY G	Name	HOPKINS, LAURA A
Address	1811 CATTAIL CIRCLE	Address	1811 CATTAIL CIRCLE
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

Certificate of Status Desired: No

Date

Date