

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000095661

**Entity Name:** GREAT PYRENEES FANCIERS OF FLORIDA, LLC

**Current Principal Place of Business:**

19083 RED BIRD LANE  
LITHIA, FL 33547

**Current Mailing Address:**

19083 RED BIRD LANE  
LITHIA, FL 33547 US

**FEI Number: 81-2704088**

**Certificate of Status Desired: Yes**

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

COFFMAN, DONNA M  
19083 RED BIRD LANE  
LITHIA, FL 33547 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            DEVANEY, KATHLEEN  
Address        7107 NORTH DORMANY ROAD  
City-State-Zip: PLANT CITY FL 33565

Title            AMBR  
Name            SPAFFORD, MARK  
Address        4832 TOWER ROAD  
City-State-Zip: LAND O' LAKES FL 34638

Title            AMBR  
Name            COFFMAN, DONNA  
Address        19083 RED BIRD LANE  
City-State-Zip: LITHIA FL 33547

Title            AMBR  
Name            COFFMAN, CAROLYN  
Address        19083 RED BIRD LANE  
City-State-Zip: LITHIA FL 33547

*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: DONNA COFFMAN**

**TREASURER**

**04/06/2023**

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

\_\_\_\_\_  
Date