

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233122

**Entity Name:** LAURON FAMILY, LLC

**Current Principal Place of Business:**

4958 SW 7TH AVE RD  
OCALA, FL 34471

**Current Mailing Address:**

4958 SW 7TH AVE RD  
OCALA, FL 34471 US

**FEI Number:** 20-5234942

**Certificate of Status Desired:** No

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

SPENCER, RONALD P  
4958 SW 7TH AVE RD  
OCALA, FL 34471 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           | MGR                | Title           | MGR             |
| Name            | SPENCER, RONALD P  | Name            | SPENCER, LAUREN |
| Address         | 4958 SW 7TH AVE RD | Address         | 4958 SW 7TH AVE |
| City-State-Zip: | OCALA FL 34471     | City-State-Zip: | OCALA FL 34471  |

*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:** RONALD P. SPENCER

**PRESIDENT/MGR**

**01/11/2024**

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

\_\_\_\_\_  
Date