

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000015145

Entity Name: ENTREPRENISTA ENTERPRISES LLC**Current Principal Place of Business:**924 N MAGNOLIA
UNIT #148
ORLANDO, FL 32803**Current Mailing Address:**631 CALIBRE CREST PARKWAY
101
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 45-4092750**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRAHAM, ANDREA
631 CALIBRE CREST PARKWAY
101
ALTAMONTE SPRINGS, FL 32714 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 AR
Name GRAHAM, ANDREA
Address 631 CALIBRE CREST PARKWAY
101
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title AMBR
Name GRAHAM, ANDREA
Address 631 CALIBRE CREST PARKWAY
101
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title MGR
Name MORRIS, JARED
Address 631 CALIBRE CREST PARKWAY
101
City-State-Zip: ALTAMONTE SPRINGS FL 32714Title AR
Name LGCD INC
Address 631 CALIBRE CREST PARKWAY
101
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: ANDREA GRAHAM

AR, AMBR

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date