

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000024758

**Entity Name:** J.L.T. HOLDINGS OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

C/O C.F.S.  
550 MARY ESTHER CUTOFF SUITE 3  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

P.O. BOX 413  
MARY ESTHER, FL 32569 US

**FEI Number:** 82-4444205

**Certificate of Status Desired:** No

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

STEIGHNER, MARK  
210 HOLLYWOOD BLVD  
413  
MARY ESTHER, FL 32569 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 COO, VC, MANAGER  
Name STEIGHNER, REGIS  
Address C/O CFS OF FT MYERS  
4350 FOWLER ST SUITE #22  
City-State-Zip: FT. MYERS FL 33901

Title PRESIDENT, CEO, CHAIRMAN,  
MANAGER, HMFIC  
Name STEIGHNER, MARK  
Address C/O C.F.S. OF FT WALTON  
550 MARY ESTHER CUTOFF SUITE 3  
City-State-Zip: FT WALTON BEACH FL 32548

Title CFO, SECRETARY, EXULTATED  
RULER, MANAGER  
Name STEIGHNER, DAWN  
Address P.O. BOX 413  
City-State-Zip: MARY ESTHER FL 32569

Title MANAGER, VP  
Name STEIGHNER, COLTON  
Address C/O CFS OF TALLAHASSEE  
1700 N. MONROE ST, SUITE 10 LAKE  
ELLA PLAZA  
City-State-Zip: TALLAHASSEE FL 32303

*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:** DAWN STEIGHNER

CFO/MANAGER

03/08/2023

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

\_\_\_\_\_  
Date