

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000237652

**Entity Name:** MARTHA POINDEXTER LLC

**Current Principal Place of Business:**

5304 SW 11TH PLACE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

1217 CAPE CORAL PKWY E #114  
CAPE CORAL, FL 33904 US

**FEI Number:** 83-2225608

**Certificate of Status Desired:** No

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

POINDEXTER, JC  
1217 CAPE CORAL PKWY E #114  
CAPE CORAL, FL 33904 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  
Name POINDEXTER, MARTHA  
Address 1217 CAPE CORAL PKWY E #114  
City-State-Zip: CAPE CORAL FL 33904

Title MGR  
Name POINDEXTER, JC  
Address 1217 CAPE CORAL PKWY E. #114  
City-State-Zip: CAPE CORAL FL 33904

*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:** MARTHA POINDEXTER

**MANAGER**

**03/20/2024**

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

\_\_\_\_\_  
Date