

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000278464

**Entity Name:** MARTIN COUNTY WILDLIFE SERVICES LLC

**Current Principal Place of Business:**

7701 SW SPRINGHAVEN AVE  
INDIANTOWN, FL 34956

**Current Mailing Address:**

7701 SW SPRINGHAVEN AVE  
INDIANTOWN, FL 34956

**FEI Number:** 83-2597425

**Certificate of Status Desired:** No

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

MOGARD, ALLISON L  
7701 SW SPRINGHAVEN AVE  
INDIANTOWN, FL 34956 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:** ALLISON MOGARD

01/03/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            OWN  
Name            KIMMEL, MICHAEL L  
Address        7701 SW SPRINGHAVEN AVE  
City-State-Zip: INDIANTOWN FL 34956

Title            O  
Name            MOGARD, ALLISON L  
Address        7701 SW SPRINGHAVEN AVE  
City-State-Zip: INDIANTOWN FL 34956

*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:** ALLISON MOGARD

O

01/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date