		Certificate of Status Desired	
Name and Address of Current Registered Agent:			
HEDDY, JEFFREY J CPA 6202 N 9TH AVENUE SUITE 6 PENSACOLA, FL 32504 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: JEFFREY HEDDY 02			
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	AMB	Title	AMBR
Name	RADEMACHER, KOREY M	Name	RADEMACHER, SHARON J
Address	1701 WEST 9 & HALF MILE ROAD	Address	1701 WEST 9 & HALF MILE ROAD
City-State-Zip:	CANTONMENT FL 32533	City-State-Zip:	CANTONMENT FL 32533

## **Current Mailing Address:**

6218 N 9TH AVE PENSACOLA, FL 32504

1701 WEST 9 & HALF MILE ROAD CANTONMENT. FL 32533 US

## FEI Number: 84-3874096

## Nar

## 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: KOREY RADEMACHER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 09, 2024 Secretary of State 2582004352CC

> 02/09/2024 Date

Certificate of Status Desired: No

OWNER

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000277760

Entity Name: KOREY RADEMACHER, LLC

**Current Principal Place of Business:**