

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000236785

Entity Name: FUNGUYS LLC

Current Principal Place of Business:

4520 WEST OAKELLAR AVENUE
PO# 13168
TAMPA, FL 33611

Current Mailing Address:

4520 WEST OAKELLAR AVENUE
PO# 13168
TAMPA, FL 33611 US

FEI Number: 85-2655434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, MARSHALL
4520 WEST OAKELLAR AVENUE
PO# 13168
TAMPA, FL 33611 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 MANAGER
Name GRAY, JUSTIN
Address 4520 WEST OAKELLAR AVENUE
PO# 13168
City-State-Zip: TAMPA FL 33611

Title AUTHORIZED MEMBER
Name JOYER, KYLE
Address 4520 WEST OAKELLAR AVENUE
PO# 13168
City-State-Zip: TAMPA FL 33611

Title AUTHORIZED MEMBER
Name CLERVEAUX, LOUVENS
Address 4520 WEST OAKELLAR AVENUE
PO# 13168
City-State-Zip: TAMPA FL 33611

Title MANAGER
Name HOLMES, MARSHALL
Address 4520 WEST OAKELLAR AVENUE
PO# 13168
City-State-Zip: TAMPA FL 33611

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: MARSHALL HOLMES

MANAGER

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date