

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000344307

**Entity Name:** OCEAN & FIELD GLOBAL, LLC

**Current Principal Place of Business:**

KIGHT CENTER FOR EMERGING TECHNOLOGIES  
BUILDING V, OFFICE 316, 35TH STREET  
FORT PIERCE, FL 34981

**Current Mailing Address:**

PO BOX 1089  
VERO BEACH, FL 32961 US

**FEI Number:** 92-1422934

**Certificate of Status Desired:** No

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

CONNELLY IV, MARTIN J  
2721 WHIPPOORWILL LANE  
VERO BEACH, FL 32960 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:** MARTIN J CONNELLY IV

08/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name CONNELLY IV, MARTIN J  
Address 2721 WHIPPOORWILL LANE  
City-State-Zip: VERO BEACH FL 32960

Title MANAGER  
Name ATWELL, JASON P  
Address 100 INDUSTRIAL PARK BLVD SUITE C  
City-State-Zip: VERO BEACH FL 32966

Title MANAGER  
Name TOPP, GERRIT A  
Address 6920 ARROWHEAD LANE  
City-State-Zip: VERO BEACH FL 32967

Title MANAGER  
Name NAVARRO, ROBERT J  
Address 3330 FAIRCHILD GARDENS AVENUE #  
33553  
City-State-Zip: PALM BEACH GARDENS FL 33420

Title MANAGER  
Name PASQUINI, JOSEPHINE E  
Address 3705 56TH AVENUE  
City-State-Zip: VERO BEACH FL 32966

Title MANAGER  
Name BEUTTELL, LESLIE A  
Address 4975 18TH STREET  
City-State-Zip: VERO BEACH FL 32966

*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:** MARTIN J CONNELLY IV

MGR

08/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date