

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000019067

**Entity Name:** GULLETT, LLC

**Current Principal Place of Business:**

186 VILLAGE CIR  
LABELLE, FL 33935

**Current Mailing Address:**

186 VILLAGE CIR  
LABELLE, FL 33935 US

**FEI Number: 86-1855691**

**Certificate of Status Desired: No**

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

GULLETT, SCOTT  
186 VILLAGE CIR  
LABELLE, FL 33935 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	Title	OWNER
Name	GULLETT, SCOTT	Name	GULLETT, KIMBERLY P
Address	186 VILLAGE CIR	Address	186 VILLAGE CIR
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935

*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: KIMBERLY GULLETT**

**OWNER**

**03/30/2024**

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

\_\_\_\_\_  
Date