

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000046594

Entity Name: MARIANNE ST. CLAIR, LLC

Current Principal Place of Business:

16516 COUNTY ROAD 136 WEST
LIVE OAK, FL 32060

Current Mailing Address:

PO BOX 1124
LIVE OAK, FL 32064 US

FEI Number: 86-1960296

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, MARIANNE S
16516 COUNTY ROAD 136 WEST
LIVE OAK, FL 32060 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 AP
Name SMITH, MARIANNE S
Address 16516 COUNTY ROAD 136 WEST
City-State-Zip: LIVE OAK FL 32060

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: MARIANNE S SMITH

PRESIDENT

04/23/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date