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.

OWNER

SIGNATURE: ALYSSA TURGEON

Electronic Signature of Signing Authorized Person(s) Detail

1

Authorized Person(s) Detail :						
Title	AMBR	Title	AMBR			
Name	TURGEON, SHANE M	Name	TURGEON, SHANE M			
Address	101 EAST 4TH AVE SUITE D	Address	101 EAST 4TH AVE SUITE D			
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32539			
Title	OWNER					
Name	TURGEON, ALYSSA					
Address	101 4TH AVENUE SUITE D					
City-State-Zip:	CRESTVIEW FL 32539					

Т

CRESTVIEW, FL 32539 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	E: SHANE TURGEON			04/16/2024			
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	AMBR	Title	AMBR				
Name	TURGEON, SHANE M	Name	TURGEON, SHANE M				
Address	101 EAST 4TH AVE SUITE D	Address	101 EAST 4TH AVE SUITE D				
City-State-Zip:	CRESTVIEW FL 32539	City-State-Zip:	CRESTVIEW FL 32539				

SUITE D CRESTVIEW, FL 32539 **Current Mailing Address:**

101 EAST 4TH AVE

101 EAST 4TH AVE SUITE D CRESTVIEW, FL 32539 US

FEI Number: 86-1491230

TURGEON, SHANE MITCHELL

101 EAST 4TH AVE

SUITE D

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000059951

Entity Name: TURGEON ENTERPRISES LLC

Current Principal Place of Business:

FILED Apr 16, 2024 Secretary of State 0116701692CC

Certificate of Status Desired: Yes

04/16/2024