

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000171324

Entity Name: PRESTON TAUPIER, LLC**Current Principal Place of Business:**5750 NE ISLAND COVE WAY
3409
STUART, FL 34996**Current Mailing Address:**5750 NE ISLAND COVE WAY
3409
STUART, FL 34996 US**FEI Number:** 86-3435650**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEPHENSON, CYNDIE D
5750 NE ISLAND COVE WAY
3409
STUART, FL 34996 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 AMBR
Name STEPHENSON, CYNDIE D
Address 5750 NE ISLAND COVE WAY, UNIT
3409
City-State-Zip: STUART FL 34996

Title AMBR
Name STEPHENSON, GERALD H
Address 5750 NE ISLAND COVE WAY, UNIT
3409
City-State-Zip: STUART FL 34996

Title AMBR
Name STEVENS, PHILLIP J JR
Address 5750 NE ISLAND COVE WAY, UNIT
3409
City-State-Zip: STUART FL 34996

Title AMBR
Name BANYARD, SANDRA M
Address 5750 NE ISLAND COVE WAY, UNIT
3409
City-State-Zip: STUART FL 34996

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: CYNDIE STEPHENSON**SIGNING MEMBER****01/24/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date