

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000182070

Entity Name: A V METAYER INDUSTRY, LLC**Current Principal Place of Business:**8351 SANDS POINT BLVD
APT A308
TAMARAC, FL 33321**Current Mailing Address:**8351 SANDS POINT BLVD
APT A308
TAMARAC, FL 33321**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**METAYER, ANNA E
8351 SANDS POINT BLVD
APT A308
TAMARAC, FL 33321 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
Name METAYER, ANNA E
Address 8351 SANDS POINT BLVD APT A308
City-State-Zip: TAMARAC FL 33321

Title AMBR
Name METAYER, VILSENE
Address 8351 SANDS POINT BLVD A308
City-State-Zip: TAMARAC FL 33321

Title AMBR
Name METAYER, ANNA E
Address 8351 SANDS POINT BLVD A308
City-State-Zip: TAMARAC FL 33321

Title MGR
Name METAYER, VILSENE
Address 8351 SANDS POINT BLVD A308
City-State-Zip: TAMARAC FL 33321

Title AP
Name METAYER, ANNA E
Address 8351 SANDS POINT BLVD APT A308
City-State-Zip: TAMARAC FL 33321

Title AP
Name METAYER, VILSENE
Address 8351 SANDS POINT BLVD APT A308
City-State-Zip: TAMARAC FL 33321

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: ANNA E METAYER**OWNER****04/29/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date