I, JENELLE NOPY GROVE DR KE, FL 33470 US
e named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State
TURE: JENELLE PACETTI

### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000315270

Entity Name: JENELLE PACETTI LLC

### **Current Principal Place of Business:**

4565 CANOPY GROVE DR WESTLAKE, FL 33470

#### **Current Mailing Address:**

4565 CANOPY GROVE DR WESTLAKE, FL 33470 US

## FEI Number: 87-1690254

### Name and Address of Current Registered Agent:

PACETTI 4565 CAN WESTLAK

The above e of Florida.

SIGNATURE	E: JENELLE PACETTI			02/08/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MANAGER		
Name	PACETTI, JAMES	Name	PACETTI, JENELLE		
Address	4565 CANOPY GROVE DR	Address	4565 CANOPY GROVE DR		
City-State-Zip:	WESTLAKE FL 33470	City-State-Zip:	WESTLAKE FL 33470		

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: JENELLE PACETTI

MANAGER

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Feb 08, 2024 Secretary of State 5776826546CC

Certificate of Status Desired: No