

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000515590

**Entity Name:** MAGUE LLC

**Current Principal Place of Business:**

1242 CAPE CHARLES AVE  
JACKSONVILLE, FL 32233

**Current Mailing Address:**

1242 CAPE CHARLES AVE  
JACKSONVILLE, FL 32233

**FEI Number:** 87-4261397

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGUE, KELLY K  
1242 CAPE CHARLES AVE  
JACKSONVILLE, FL 32233 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            OWNER  
Name            MAGUE, KELLY K  
Address        1242 CAPE CHARLES AVE  
City-State-Zip: JACKSONVILLE FL 32233

*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:** KELLY K MAGUE

OWNER

04/06/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date