

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000518112

**Entity Name:** SAUCER PASS LLC

**Current Principal Place of Business:**

340 9TH STREET NORTH  
SUITE 181  
NAPLES, FL 34102

**Current Mailing Address:**

340 9TH STREET NORTH  
SUITE 181  
NAPLES, FL 34102 US

**FEI Number:** 87-3871097

**Certificate of Status Desired:** No

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

MCPMAHON, JOHN  
340 9TH STREET NORTH  
SUITE 181  
NAPLES, FL 34102 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	Title	MGR
Name	MCPMAHON, JACK	Name	MCPMAHON, KYRA
Address	340 9TH STREET NORTH, SUITE 181	Address	340 9TH STREET NORTH, SUITE 181
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34102

*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:** JACK MCPMAHON

**MANAGER**

**02/01/2023**

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

\_\_\_\_\_  
Date