

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000203720

**Entity Name:** GARCON ENTERPRISE, LLC

**Current Principal Place of Business:**

409 SW MILLARD DR  
PORT SAINT LUCIE, FLORIDA 34953

**Current Mailing Address:**

409 SW MILLARD DR  
PORT ST LUCIE, FL 34953 US

**FEI Number: 88-2042773**

**Certificate of Status Desired:** No

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

GARCON, NELSON  
409 SW MILLARD DR  
PORT ST LUCIE, FL, FL 34953 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           MANAGER  
Name           GARCON, JOHANNE  
Address        409 SW MILLARD DR  
City-State-Zip: PORT ST LUCIE FL 34953

*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: JOHANNE GARCON**

**MANAGER**

**04/28/2025**

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

\_\_\_\_\_  
Date