

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000506819

**Entity Name:** SUSAN ALDERFER PHOTOGRAPHY, LLC

**Current Principal Place of Business:**

7215 MOURNING DOVE CT.  
ELIZABETH  
TITUSVILLE, FL 32780

**Current Mailing Address:**

7215 MOURNING DOVE CT.  
ELIZABETH  
TITUSVILLE, AL 32780 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALDERFER, SUSAN  
7215 MOURNING DOVE CT.  
ELIZABETH  
TITUSVILLE, FL 32780 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            ALDERFER, SUSAN B  
Address        7215 MOURNING DOVE CT  
City-State-Zip: TITUSVILLE FL 80107

*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:** SUSAN ALDERFER

**OWNER**

**02/03/2024**

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

\_\_\_\_\_  
Date