

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000072088

**Entity Name:** JEANCLAUDESTLOUIS LLC

**Current Principal Place of Business:**

105 SW MEADE CIR  
1  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

736 NORTHFIELD AVE  
WEST ORANGE, NJ 07052

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ST LOUIS, JOHN D  
12220 NW 18CT  
MIAMI, FL 33167 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  
Name ST LOUIS, JOHN D  
Address 736 NORTHFIELD AVE  
City-State-Zip: WEST ORANGE NJ 07052

Title AP  
Name ST LOUIS, JEAN CLAUDE  
Address 105 SW MEADE CIR  
City-State-Zip: PORT ST LUCIE FL 34953

Title AMBR  
Name ST LOUIS, FABIOLA  
Address 736 NORTHFIELD AVE  
City-State-Zip: WEST ORANGE NJ 07052

*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: JOHN ST LOUIS

MGR

05/01/2024

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

\_\_\_\_\_  
Date