

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000349295

**Entity Name:** 47 HUMMINGBIRD, LLC

**Current Principal Place of Business:**

47 ALMOND POINT  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

47 ALMOND POINT  
ST. AUGUSTINE, FL 32095

**FEI Number:** 93-2532206

**Certificate of Status Desired:** Yes

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

ALDRIDGE, JIMA J  
47 ALMOND PT  
ST AUGUSTINE, FL 32095 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 ALDRIDGE, JIMA J  
Address 47 ALMOND PT  
City-State-Zip: ST AUGUSTINE FL 32095

Title AMBR  
Name RINGHOFER, FRANK  
Address 47 ALMOND POINT  
City-State-Zip: ST. AUGUSTINE FL 32095

Title AMBR  
Name ALDRIDGE, EMILY J  
Address 1478 PINEGROVE AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title AMBR  
Name TOOLE, BARRETT M  
Address 1478 PINEGROVE AVE  
City-State-Zip: JACKSONVILLE FL 32205

*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:** JIMA ALDRIDGE

**MANAGER**

**02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date