

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000396554

**Entity Name:** STEVEN STENGLE LLC

**Current Principal Place of Business:**

4870 BOREALIS CT  
MELBOURNE, FL 32940

**Current Mailing Address:**

4870 BOREALIS CT  
MELBOURNE, FL 32940 US

**FEI Number:** 93-3037012

**Certificate of Status Desired:** No

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

STENGLE, STEVEN  
4870 BOREALIS CT  
MELBOURNE, FL 32940 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	MBR	Title	AMBR
Name	STENGLE, JAMIE	Name	STENGLE, STEVEN
Address	4870 BOREALIS CT	Address	4870 BOREALIS CT
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940

*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:** STEVEN STENGLE

AMBR

02/12/2024

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

\_\_\_\_\_  
Date