

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000406044

**Entity Name:** SADDLE LANE GROUP, LLC

**Current Principal Place of Business:**

7441 CORA LANE  
PENSACOLA, FL 32505

**Current Mailing Address:**

849 MAPLE WOODS CIRCLE  
PENSACOLA, FL 32534 US

**FEI Number:** 93-3118029

**Certificate of Status Desired:** No

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

GANT, DEBORAH M  
849 MAPLE WOODS CIRCLE  
PENSACOLA, FL 32534 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 AMBR  
Name GANT, DEBORAH M  
Address 849 MAPLE WOODS CIRCLE  
City-State-Zip: PENSACOLA FL 32534

Title AMBR  
Name BROWN, CHINETIA L  
Address 946 PINELAND DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

Title AMBR  
Name CALHOUN, BARBARA F  
Address 849 MAPLE WOODS CIRCLE  
City-State-Zip: PENSACOLA FL 32534

Title AP  
Name CALHOUN, LARRY W  
Address 7393 ROLLING HILLS ROAD  
City-State-Zip: PENSACOLA FL 32505

Title AP  
Name CALHOUN, NATHANIEL JR  
Address 3212 ROOSEVELT STREET  
City-State-Zip: PENSACOLA FL 32503

*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:** DEBORAH M GANT

**ADMINISTRATOR**

**03/20/2024**

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

\_\_\_\_\_  
Date