

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000409923

**Entity Name:** PRISM & SABLE, LLC

**Current Principal Place of Business:**

5543 TOWER WOODS TRAIL  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

113 SOUTH MONROE STREET  
1ST FLOOR  
TALLAHASSEE, FL 32301 US

**FEI Number:** 93-3415788

**Certificate of Status Desired:** No

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

BUTLER, CIARA J  
113 SOUTH MONROE STREET  
1ST FLOOR  
TALLAHASSEE, FL 32301 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 BUTLER, CIARA  
Address 5543 TOWER WOODS TRAIL  
City-State-Zip: TALLAHASSEE FL 32303

*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:** CIARA BUTLER

MGR

03/08/2024

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

\_\_\_\_\_  
Date