

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000008156

Entity Name: LAZY SUSAN'S CSB, LLC**Current Principal Place of Business:**865 DAKOTA DR
AUBURN, AL 36832**Current Mailing Address:**865 DAKOTA DR
AUBURN, AL 36832**FEI Number:** 87-1026364**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERRY, JELANI
2399 AGERTON ST
CRESTVIEW, FL 32536 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 POIRIER, JANA
Address 865 DAKOTA DR
City-State-Zip: AUBURN AL 36832

Title MBR
Name POIRIER, JANA
Address 865 DAKOTA DR
City-State-Zip: AUBURN AL 36832

Title AP
Name POIRIER, JANA
Address 865 DAKOTA DR
City-State-Zip: AUBURN AL 36832

Title MBR
Name CARUTHERS, BRIAN
Address 374 BEAUMONT FARMS DR
City-State-Zip: SHARPSBURG GA 30277

Title MBR
Name CARUTHERS, BRIAN
Address 374 BEAUMONT FARMS DR
City-State-Zip: SHARPSBURG GA 30277

Title MGR
Name CARUTHERS, BRIAN
Address 374 BEAUMONT FARMS DR
City-State-Zip: SHARPSBURG GA 30277

Title AUTHORIZED MEMBER
Name CARUTHERS, BENJAMIN
Address 865 DAKOTA DR
City-State-Zip: AUBURN AL 36832

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: JANA POIRIER**MANAGER****03/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date