2024 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

FILED Apr 02, 2024

Secretary of State

7379922207CC

Authorized Person(s) Detail:

Title MGR

Name POIRIER, JANA Address 865 DAKOTA DR

AUBURN AL 36832 City-State-Zip:

Title AP

Name POIRIER, JANA

Address 865 DAKOTA DR AUBURN AL 36832 City-State-Zip:

Title

MBR

Name CARUTHERS, BRIAN

Address 374 BEAUMONT FARMS DR

SHARPSBURG GA 30277 City-State-Zip:

Title **AUTHORIZED MEMBER** CARUTHERS, BENJAMIN Name

Address 865 DAKOTA DR City-State-Zip: AUBURN AL 36832 Title

POIRIER, JANA Name

865 DAKOTA DR Address

City-State-Zip: AUBURN AL 36832

MBR

Title **MBR**

Name

CARUTHERS, BRIAN

Address 374 BEAUMONT FARMS DR

SHARPSBURG GA 30277 City-State-Zip:

Title MGR

Name CARUTHERS, BRIAN

MGR

Address 374 BEAUMONT FARMS DR

City-State-Zip: SHARPSBURG GA 30277

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

Electronic Signature of Signing Authorized Person(s) Detail

04/02/2024 Date