

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000499874

**Entity Name:** FAMILY ARCHEOLOGIST, LLC

**Current Principal Place of Business:**

1657 MARSH POINTE DRIVE  
CLERMONT, FL 34711

**Current Mailing Address:**

1657 MARSH POINTE DRIVE  
CLERMONT, FL 34711 US

**FEI Number:** 88-0522837

**Certificate of Status Desired:** No

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

CHRISTI R. ROMERO, ESQ.  
601 S. 9TH STREET  
LEESBURG, FL 34748 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	Title	MGR
Name	THOMAS J. EVANS	Name	DENISE D. EVANS
Address	1657 MARSH POINTE DRIVE	Address	1657 MARSH POINTE DRIVE
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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:** THOMAS J. EVANS

MANAGER

01/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date