

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000106811

**Entity Name:** SPURS CHOPHOUSE & SALOON LLC

**Current Principal Place of Business:**

36 E NOBLE AVE  
WILLISTON, FL 32696

**Current Mailing Address:**

14531 SE 6TH LANE  
WILLISTON, FL 32696 US

**FEI Number:** 92-2820762

**Certificate of Status Desired:** No

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

PFEIFER, TIARA  
14531 SE 6TH LANE  
WILLISTON, FL 32696 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            CEO, MANAGER  
Name            PFEIFER, TIARA  
Address        14531 SE 6TH LANE  
City-State-Zip: WILLISTON FL 32696

*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:** TIARA PFEIFER

CEO

02/23/2024

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

\_\_\_\_\_  
Date