The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of	Florida.
SIGNATURE:	JOHN T WINKLER	04/
	Electronic Signature of Registered Agent	

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	WINKLER, JOHN T	Name	WINKLER, JUDITH C
Address	13028 NORMEDS ROAD	Address	13028 NORMEDS ROAD
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32223

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.

MGR

SIGNATURE: JOHN T WINKLER

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

13028 NORMEDS ROAD JACKSONVILLE, FL 32223

#### **Current Mailing Address:**

13028 NORMEDS ROAD JACKSONVILLE. FL 32223

### FEI Number: NOT APPLICABLE

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

WINKLER, JOHN T 13028 NORMEDS ROAD JACKSONVILLE, FL 32223 US

DOCUMENT# L03000017645

Entity Name: 1728 NALDO AVENUE, LLC

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Certificate of Status Desired: No

04/25/2023

04/25/2023 Date

FILED Apr 25, 2023 Secretary of State 5418863464CC