I hereby certify that the information indicated on this report or supplemental report is true and accurate and ti oath; that I am a managing member or manager of the limited liability company or the receiver or trustee emp that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> ALAN GAREINKEI	MANAGING MEMBER	02/04/2024

SIGNATURE: ALAN GARFINKEL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

Title	MGR	Title	MANAGER
Name	GARFINKEL, ALAN B	Name	GARFINKEL, FRANCINE L
Address	300 N. MAITLAND AVE	Address	300 N. MAITLAND AVE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

# SIGNATURE: KAREN MARCELL

Electronic Signature of Registered Agent				
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	GARFINKEL, ALAN B	Name	GARFINKEL, FRANCINE L	

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.

# 300 N. MAITLAND AVE MAITLAND, FL 32751 US

### FEI Number: 51-0516044

# Name and Address of Current Registered Agent:

KAREN, MARCELL ESQ. 300 NORTH MAITLAND MAITLAND, FL 32751 US

2024 FLORIDA	LIMITED LIABILITY	COMPANY	ANNUAL REPORT	

### DOCUMENT# L04000040871

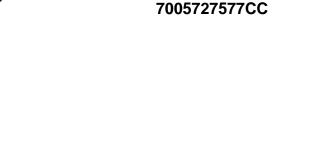
Entity Name: CENTRAL FLORIDA DEVELOPMENT EAST, LLC

### **Current Principal Place of Business:**

300 N. MAITLAND AVE MAITLAND. FL 32751

# **Current Mailing Address:**

City



Certificate of Status Desired: No

FILED Feb 04, 2024

Secretary of State

02/04/2024 Date

Date