

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081427

Entity Name: RAMCON OF CENTRAL FLORIDA, LLC**Current Principal Place of Business:**5902 BRECKENRIDGE PKWY
TAMPA, FL 33610**Current Mailing Address:**5902 BRECKENRIDGE PKWY
TAMPA, FL 33610**FEI Number:** 56-2491324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURDINE, ROGER D
5902 BRECKENRIDGE PKWY
TAMPA, FL 33610 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
Name	BURDINE, ROGER D
Address	5902 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	KRUSE, STEVEN G
Address	5902 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610

Title	MGMR
Name	BURDINE, ADAM
Address	5902 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610

Title	MGMR
Name	BURDINE, KYLE
Address	5902 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610

Title	MGMR
Name	BURDINE, AUSTIN
Address	5902 BRECKENRIDGE PKWY
City-State-Zip:	TAMPA FL 33610

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: AUSTIN BURDINE

MGRM

01/20/2024

Electronic Signature of Signing Authorized Person(s) Detail_____
Date