

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094737

**Entity Name:** UNITED AMERICAN TRUST, LC

**Current Principal Place of Business:**

4513 EXECUTIVE DR  
NAPLES, FL 34119

**Current Mailing Address:**

P.O. BOX 110101  
NAPLES, FL 34108

**FEI Number:** 20-3579842

**Certificate of Status Desired:** No

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

KORUNDA, ZDENKO  
4513 EXECUTIVE DR  
NAPLES, FL 34119 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           MANAGER  
Name           KORUNDA, ZDENKO  
Address        P.O. BOX 110101  
City-State-Zip: NAPLES FL 34108

Title           MANAGER  
Name           KORUNDA PAPES, SANJA  
Address        4513 EXECUTIVE DR  
City-State-Zip: NAPLES FL 34119

*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:** ZDENKO KORUNDA

**MGR**

**04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date