## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000195

Entity Name: SURVIVOR LLC

**Current Principal Place of Business:** 

19508 SHUMARD OAK DRIVE SUITE 101

LAND O LAKE, FL 34638

**Current Mailing Address:** 

503 WEST PLATT STREET TAMPA, FL 33606 US

FEI Number: 20-8911742 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERZ, TAMARA 503 WEST PLATT STREET SUITE 101 TAMPA FL 33606 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

FILED Jan 22, 2024

**Secretary of State** 

9328145506CC

Authorized Person(s) Detail:

Title PRESIDENT Title MGRM

Name HERZ, TAMARA J Name HERZ, RALPH R

Address 503 WEST PLATT STREET Address 503 WEST PLATT STREET

City-State-Zip: TAMPA FL 33606 City-State-Zip: TAMPA FL 33606

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.

**PRESIDENT** 

Electronic Signature of Signing Authorized Person(s) Detail