

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000018638

Entity Name: ALSOP PROPERTY MANAGEMENT, LLC**Current Principal Place of Business:**77 ALMERIA ST.
ST. AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 1389
ST. AUGUSTINE, FL 32085 US**FEI Number:** 27-1961392**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REPASS, D.R. ESQ.
111 SOLANA ROAD
SUITE B
PONTE VEDRA BEACH, FL 32082 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 | MGRM |
| Name | KILLEBREW, JESSE |
| Address | P.O. BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 |

| | |
|-----------------|------------------------|
| Title | MGRM |
| Name | NORGART, ANDREW |
| Address | P.O. BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 |

| | |
|-----------------|------------------------|
| Title | PRESIDENT |
| Name | TARASENKO, SHANTEL |
| Address | P.O. BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 |

| | |
|-----------------|------------------------|
| Title | VP OF FINANCE |
| Name | SPETTEL, AMANDA |
| Address | P.O. BOX 1389 |
| City-State-Zip: | ST. AUGUSTINE FL 32085 |

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: AMANDA SPETTEL

VP

01/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date