

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048742

**Entity Name:** 208-400 CLEMATIS, LLC

**Current Principal Place of Business:**

C/O TODD HERBST  
400 CLEMATIS STREET, SUITE 205  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O TODD HERBST  
400 CLEMATIS STREET, SUITE 205  
WEST PALM BEACH, FL 33401 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HERBST, TODD  
400 CLEMATIS STREET  
SUITE 205  
WEST PALM BEACH, FL 33401 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 HERBST, TODD  
Address C/O TODD HERBST, 400 CLEMATIS ST  
205  
City-State-Zip: WEST PALM BEACH FL 33401

Title PARTNER  
Name WATSON, WILLIAM  
Address C/O TODD HERBST  
400 CLEMATIS STREET, SUITE 205  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** WILLIAM WATSON

**PARTNER**

**03/11/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date