PANAMA CITY BEAC				
Current Mailing	Address:			
3035 BEAR POIN PANAMA CITY E	NT DRIVE BEACH, FL 32408 US			
FEI Number: 46-2014026 Certificate of Status Desire				d: No
Name and Address of Current Registered Agent:				
	NT SOLUTIONS, INC.			
2894 REMINGTON (SUITE A TALLAHASSEE, FL				
2894 REMINGTON (SUITE A TALLAHASSEE, FL		ered office or regist	tered agent, or both, in the State of Florida	
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity	32308 US	ered office or regist		1/24/2024
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity SIGNATURE: J	32308 US y submits this statement for the purpose of changing its registe	ered office or regist		
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity SIGNATURE: J	32308 US y submits this statement for the purpose of changing its registe IACLYN WRIGHT, ASST. SECRETARY Electronic Signature of Registered Agent	ered office or regisi		1/24/2024
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity SIGNATURE: J, E Authorized Pers	32308 US y submits this statement for the purpose of changing its registe IACLYN WRIGHT, ASST. SECRETARY Electronic Signature of Registered Agent	ered office or regist		1/24/2024 Date
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity SIGNATURE: J. E Authorized Pers Title MAI	32308 US y submits this statement for the purpose of changing its register ACLYN WRIGHT, ASST. SECRETARY Electronic Signature of Registered Agent son(s) Detail :		0	1/24/2024 Date
2894 REMINGTON O SUITE A TALLAHASSEE, FL The above named entity SIGNATURE: J, E Authorized Pers Title MAI Name MC	32308 US y submits this statement for the purpose of changing its register IACLYN WRIGHT, ASST. SECRETARY Electronic Signature of Registered Agent son(s) Detail : NAGER	Title	0 AUTHORIZED REPRESENTATIVE	1/24/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000136352

3035 BEAR POINT DRIVE

Entity Name: PATRON 13, LLC

Current Principal Place of Business:

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: GEORGE E. MCINNIS

AUTHORIZED FILER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 24, 2024 Secretary of State 6650730584CC