

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064481

**Entity Name:** LAS PALMAS HOLDING OCALA, LLC

**Current Principal Place of Business:**

7614 SE 12TH CIRCLE  
OCALA, FL 34480

**Current Mailing Address:**

7614 SE 12TH CIRCLE  
OCALA, FL 34480 US

**FEI Number:** 46-2949274

**Certificate of Status Desired:** No

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

ARENAS, GLORIA  
7614 SE 12TH CIRCLE  
OCALA, FL 34480 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 ARENAS, GLORIA  
Address 7614 SE 12TH CIRCLE  
City-State-Zip: OCALA FL 34480

Title AUTHORIZED MEMBER  
Name COMTE, JEAN P  
Address 7614 SE 12TH CIRCLE  
City-State-Zip: OCALA FL 34480

Title AUTHORIZED MEMBER  
Name ARENAS-COMTE, PAULA C  
Address 7614 SE 12TH CIRCLE  
City-State-Zip: OCALA FL 34480

Title AMBR  
Name PASCAL COMTE AND CAROLINA  
COMTE AS TRUSTEES OF THE  
AMENDED AND RESTATED COMTE  
FAMILY DECLARATION OF TRUST  
DATED SEPTEMBER 29, 2012  
Address 7614 SE 12TH CIRCLE  
City-State-Zip: OCALA FL 34480

*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:** GLORIA DE ARENAS

MRS.

03/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date