

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000103958

**Entity Name:** AYND, LLC

**Current Principal Place of Business:**

1607 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

1607 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 46-3664319

**Certificate of Status Desired:** No

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

GOMES, DONNA  
1607 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168 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 GOMES, DONNA  
Address 1607 LIVE OAK STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGRM  
Name SCOTT, WILLIAM  
Address 1607 LIVE OAK STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGRM  
Name SCOTT, CHRIS  
Address 1609 LIVE OAK STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP  
Name BARNABE, TIMOTHY  
Address 125 RIVERVIEW DRIVE  
City-State-Zip: EDGEWATER FL 32132

*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:** GOMES, DONNA

**MANAGER/ OWNER**

**01/12/2024**

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

\_\_\_\_\_  
Date