PO BOX 48	iling Address: 77 FY, FL 33844 US			
FEI Number: 47-4978975			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
CIERI, MARISA 5901 DUNDEE WINTER HAVE				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	stered agent, or both, in the State of F	Florida.
SIGNATURE: MARISA CIERI				01/22/2024
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	PRESIDENT	Title	VP	
Name	ALCALA, ABRAHAM	Name	CIERI, MARISA G	
Address	PO BOX 4877	Address	PO BOX 4877	
City-State-Zip:	HAINES CITY FL 33845	City-State-Zip:	HAINES CITY FL 33844	

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

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: MARISA CIERI

VP

01/22/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000183894

Entity Name: 111 N. 11ST LLC

## **Current Principal Place of Business:**

5901 DUNDEE RD WINTER HAVEN, FL 33884

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Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Jan 22, 2024 Secretary of State 5754768783CC