# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000138649

Entity Name: 4756 IMOGENE,LLC

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

2350 BLACK HAMMOCK ROAD OVIEDO, FL 32765

# **Current Mailing Address:**

2350 BLACK HAMMOCK ROAD OVIEDO, FL 32765 US

## FEI Number: 36-4845121

## Name and Address of Current Registered Agent:

ANDERSON, RICHARD E 2350 BLACK HAMMOCK ROAD OVIEDO, FL 32765 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	ANDERSON, RICHARD E	Name	ANDERSON, JOE W
Address	2350 BLACK HAMMOCK ROAD	Address	2350 BLACK HAMMOCK ROAD
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

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: JOE ANDERSON

MANAGER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 31, 2024 Secretary of State 8186060571CC

Date

Date