

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000144784

**Entity Name:** METAFIRE, LLC

**Current Principal Place of Business:**

4709 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563

**Current Mailing Address:**

4709 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563 US

**FEI Number:** 86-2719567

**Certificate of Status Desired:** No

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

NOA, MICHELLE MANZI  
4709 HICKORY SHORES BLVD  
GULF BREEZE, FL 32563 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:** MICHELLE MANZI NOA

07/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NOA, THOMAS J  
Address 4709 HICKORY SHORES BLVD  
City-State-Zip: GULF BREEZE FL 32563

*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:** NOA, THOMAS J

AMBR

07/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date