

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000135016

**Entity Name:** MY RETIREMENT, LLC

**Current Principal Place of Business:**

6300 3RD STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

6300 3RD STREET  
KEY WEST, FL 33040 US

**FEI Number:** 38-4011231

**Certificate of Status Desired:** No

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

MILLS, PAUL S C.P.A.  
1541 FIFTH STREET  
KEY WEST, FL 33040 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 AMBR  
Name WELTER, RICHARD C  
Address 6300 3RD STREET  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name WELTER, RICHARD C  
Address 6300 3RD STREET  
City-State-Zip: KEY WEST FL 33040

Title MBR  
Name WELTER, RICHARD II  
Address 3219 EAGLE AVENUE  
City-State-Zip: KEY WEST FL 33040

Title MBR  
Name WALKER, SANDRA K  
Address 12 TAMARIND DRIVE  
City-State-Zip: KEY WEST FL 33040

*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:** RICHARD WELTER

AMBR

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date