

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187643

Entity Name: 2605 ESSEX DR., LLC**Current Principal Place of Business:**201 S. 2ND STREET,
SUITE 205
FORT PIERCE, FL 34950**Current Mailing Address:**201 S. 2ND STREET,
SUITE 205
FORT PIERCE, FL 34950 UN**FEI Number:** 81-4276107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SABA CAVOORIS, AIDA
201 S. 2ND STREET
SUITE 205
FORT PIERCE, FL 34950 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:** AIDA SABA CAVOORIS

01/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SABA CAVOORIS, AIDA
Address	201 S. 2ND STREET, SUITE 205
City-State-Zip:	FORT PIERCE FL 34950
Title	AUTHORIZED MEMBER
Name	SABA, MEDHAT
Address	24 ROMANCE DRIVE
City-State-Zip:	RICHMOND HILL ONTARIO L4S2R7

Title	MANAGER
Name	CAVOORIS, GEORGE MICHAEL
Address	201 S. 2ND STREET, SUITE 205
City-State-Zip:	FORT PIERCE 34950
Title	AUTHORIZED MEMBER
Name	SABA, CHERINE
Address	24 ROMANCE DRIVE
City-State-Zip:	RICHMOND HILL ONTARIO L4S2R7

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: AIDA SABA CAVOORIS

MANAGER

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date