

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000201468

**Entity Name:** 470 LEESBURG LLC

**Current Principal Place of Business:**

26736 US HIGHWAY 27, STE 202  
PO BOX 491357  
LEESBURG, FL 34748-1334

**Current Mailing Address:**

26736 US HIGHWAY 27, STE 202  
PO BOX 491357  
LEESBURG, FL 34748-1334 US

**FEI Number:** 81-4324160

**Certificate of Status Desired:** No

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

GLASS, WILLIAM R  
16529 BAY CLUB DRIVE  
CLERMONT, FL 34711 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            SCHMID, JOHN D  
Address        14332 PENDIO DRIVE  
City-State-Zip: MONTVERDE FL 34756

*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:** SCHMID, JOHN D

**MANAGING MEMBER**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date