

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000025024

**Entity Name:** 519 E PARK AVE, LLC

**Current Principal Place of Business:**

519 E PARK AVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

519 E PARK AVE  
TALLAHASSEE, FL 32301 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LAUER, CASEY  
519 E PARK AVE  
TALLAHASSEE, FL 32301 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                 | Title           | AMBR                 |
| Name            | LAUER, CASEY         | Name            | LAUER, BRITTANY      |
| Address         | 519 E PARK AVE       | Address         | 519 E PARK AVE       |
| City-State-Zip: | TALLAHASSEE FL 32301 | City-State-Zip: | TALLAHASSEE FL 32301 |

*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:** CASEY LAUER

**OWNER**

**04/30/2023**

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

\_\_\_\_\_  
Date