## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000200121

Entity Name: DEL PRADO RETAIL PARTNERS, LLC

**Current Principal Place of Business:** 

1502 B DEL PRADO BLVD, S CAPE CORAL. FL 33990

**Current Mailing Address:** 

1502 B DEL PRADO BLVD, S CAPE CORAL, FL 33990 US

FEI Number: 82-2923614 Certificate of Status Desired: No

FILED Feb 08, 2024

**Secretary of State** 

2267295801CC

Date

Date

Name and Address of Current Registered Agent:

MORRELL, DUNCAN 1502 B DEL PRADO BLVD, S CAPE CORAL, FL 33990 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: DUNCAN B MORRELL 02/08/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Title MBR

Name MORRELL, DUNCAN Name STEPHEN, JAMES

Address 1502 B DEL PRADO BLVD, S Address 7171 PENDALE CIRCLE

City-State-Zip: CAPE CORAL FL 33990 City-State-Zip: NORTH TONAWANDA NY 14120

Title MBR Title MBR

Name STEPHEN, PAUL Name INGLESE, CHRISTOPHER

Address 9812 MAINSTREET Address W 300 N 1602 TIMBER BROOK ROAD

City-State-Zip: CLARENCE NY 14130 City-State-Zip: PEWAUKEE WI 53072

Title MBR Title MBR

Name INITUS, INC Name FREDRICKSON ENTERPRISES, INC.

Address 9250 CORKSCREW ROAD, SUITE 13 Address 20376 LARINO LOOP
City-State-Zip: ESTERO FL 33928 City-State-Zip: ESTERO FL 33928

Title MANAGER

Name MORRELL, DUNCAN

Address 1502 B DEL PRADO BLVD, S City-State-Zip: CAPE CORAL FL 33990

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: DUNCAN MORRELL MANAGING PARTNER 02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail