| ddress of Current Registered Agent: | | | |
|--|--|--|---|
| | | | |
| 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. | | | |
| : LUKE FORTIN | | | 04/23/2024 |
| Electronic Signature of Registered Agent | | | Date |
| | | | |
| Person(s) Detail : | | | |
| Person(s) Detail : MANAGER | Title | MANAGER | |
| | Title Name | MANAGER FORTIN, LUKE N | |
| MANAGER | | | |
| | S TREE DRIVE 524 US If entity submits this statement for the purpose of changing its regis E: LUKE FORTIN | S TREE DRIVE S24 US d entity submits this statement for the purpose of changing its registered office or registered LUKE FORTIN | S TREE DRIVE S24 US If entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo LUKE FORTIN |

4711 CYPRESS TREE DRIVE

FEI Number: 82-4808766

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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: LUKE FORTIN

MGR

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000064817

Entity Name: 1000 94TH AVE NORTH LLC

Current Principal Place of Business:

1000 94TH AVE NORTH ST PETERSBURG, FL 33702

Current Mailing Address:

TAMPA FL 33624 US

Certificate of Status Desired: No

FILED Apr 23, 2024 Secretary of State 7038997202CC

Date