

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000107724

**Entity Name:** 3103 BELDEN, LLC

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD  
#299  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD  
#299  
JACKSONVILLE, FL 32256 US

**FEI Number:** 83-0760980

**Certificate of Status Desired:** No

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

LAW OFFICES OF JAMES D. ALLEN, PA  
50 NORTH LAURA STREET  
STE 2500  
JACKSONVILLE, FL 32202 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:** ASHLEIGH CLAPPER

03/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AGM PROPERTIES, LLC  
Address 9838 OLD BAYMEADOWS RD  
#299  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name AGM PROPERTIES, LLC  
Address 9838 OLD BAYMEADOWS RD  
#299  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name SWISSA, GUY  
Address 9838 OLD BAYMEADOWS RD  
#299  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name MOYAL, EYAL  
Address 577 COLLEGE STREET  
City-State-Zip: JACKSONVILLE FL 32204

*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:** KAYLA LITTLEPAGE

MANAGER

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date