

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000193809

**Entity Name:** FAIRLANE ANDRIS, LLC

**Current Principal Place of Business:**

4237 IRDELL TERRACE  
NORTH PORT, FL 34288

**Current Mailing Address:**

4237 IRDELL TERRACE  
NORTH PORT, FL 34288 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PKWY  
STE. C  
FORT MYERS, FL 33966 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 MGR  
Name KOVACS, CHARLES J  
Address 4237 IRDELL TERRACE  
City-State-Zip: NORTH PORT FL 34288

Title MGR  
Name KOVACS, ORSOLYA  
Address 4237 IRDELL TERRACE  
City-State-Zip: NORTH PORT FL 34288

*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:** KOVACS , CHARLES J

**MGR**

**03/09/2024**

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

\_\_\_\_\_  
Date