

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000199405

**Entity Name:** THP FAMILY, LLC

**Current Principal Place of Business:**

26 CYPRESSWOOD DRIVE SOUTH  
PALM COAST, FL 32137

**Current Mailing Address:**

26 CYPRESSWOOD DRIVE SOUTH  
PALM COAST, FL 32137 US

**FEI Number:** 83-1642518

**Certificate of Status Desired:** Yes

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

PONTARELLI, THOMAS  
26 CYPRESSWOOD DRIVE SOUTH  
PALM COAST, FL 32137 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	Title	MGR
Name	PONTARELLI, HILARY	Name	CHIARIERI, AMANDA H
Address	26 CYPRESSWOOD DRIVE SOUTH	Address	900 DRAKE ROAD
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	GLENVIEW IL 60025

*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:** HILARY PONTARELLI

**MANAGER**

**02/05/2024**

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

\_\_\_\_\_  
Date