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: SHEILA FUSE

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 609 NORTH BAY BLVD

Entity Name: 4532 60TH STREET CT W, LLC

#1760 ANNA MARIA, FL 34216

Current Mailing Address:

DOCUMENT# L18000231177

PO BOX 1760 ANNA MARIA, FL 34216

FEI Number: 83-3027087

Name and Address of Current Registered Agent:

FUSE, JOSEPH G 609 NORTH BAY BLVD, #1760 ANNA MARIA, FL 34216 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

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Autorized Ferson(s) Detail.		
AMBR	Title	AMBR
FUSE, SHEILA H	Name	FUSE, JOSEPH G
609 NORTH BAY BLVD, #1760	Address	609 NORTH BAY BLVD, #1760
ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216
	AMBR FUSE, SHEILA H 609 NORTH BAY BLVD, #1760	AMBRTitleFUSE, SHEILA HName609 NORTH BAY BLVD, #1760Address

MEMBER

FILED Mar 24, 2024 Secretary of State 8634827429CC

Date

Certificate of Status Desired: Yes

03/24/2024 Date