# 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.

MANAGER

SIGNATURE: MUDATHIRU BUHARI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L1900008723

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 18500 GULF BLVD #503, LLC

### Current Principal Place of Business:

18500 GULF BOULEVARD #503 INDIAN SHORES, FL 33785

## **Current Mailing Address:**

PO BOX 320546 TAMPA, FL 33679

# FEI Number: 83-3125113

### Name and Address of Current Registered Agent:

BUHARI, MUDATHIRU A 4129 W KENNEDY BLVD SUITE 2 TAMPA, FL 33609 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LOUIS, JUDETTE M	Name	BUHARI, MUDATHIRU A
Address	PO BOX 320546	Address	PO BOX 320546
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679

FILED Feb 01, 2024 Secretary of State 3111030864CC

Certificate of Status Desired: No

02/01/2024

Date

Date