PO BOX 217	•			
	9 BURG, FL 33731 US			
FEI Number	: 83-3892378		Certificate of Status Des	ired: No
Name and A	ddress of Current Registered Agent:			
SKOREWICZ, P 215 N HOWARI SUITE 200	DAVE			
TAMPA, FL 33	506 05			
TAMPA, FL 33	l entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	orida.
TAMPA, FL 33		gistered office or regis	tered agent, or both, in the State of Flo	orida. 02/14/2024
TAMPA, FL 33	entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	
TAMPA, FL 33 The above named SIGNATURE	entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Flo	02/14/2024
TAMPA, FL 33 The above named SIGNATURE	entity submits this statement for the purpose of changing its re <b>KEITH D SKOREWICZ</b> Electronic Signature of Registered Agent	rgistered office or regis	tered agent, or both, in the State of Flo	02/14/2024
TAMPA, FL 33 The above named SIGNATURE Authorized	entity submits this statement for the purpose of changing its re KEITH D SKOREWICZ Electronic Signature of Registered Agent Person(s) Detail :			02/14/2024
TAMPA, FL 33 The above named SIGNATURE Authorized Title	<ul> <li>entity submits this statement for the purpose of changing its reserved to the purpose of the purpose of changing its reserved to the purpose of the purpo</li></ul>	Title	MGR	02/14/2024

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.

02/14/2024 SIGNATURE: STEPHEN THOMAS CFO

Entity Name: 7670 49TH ST N LLC

## **Current Principal Place of Business:**

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

7670 49TH STREET N PINELLAS PARK, FL 33781

## Current Mailing Address:

Electronic Signature of Signing Authorized Person(s) Detail

Date