## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000096849

Entity Name: 25 SODO, LLC

**Current Principal Place of Business:** 

8744 LOST COVE DRIVE ORLANDO, FL 32819

**Current Mailing Address:** 

8744 LOST COVE DRIVE ORLANDO, FL 32819

FEI Number: 83-4429460 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**RENATO BARBON** 8744 LOST COVE DRIVE ORLANDO, FL 32819 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.

MGR

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Feb 03, 2024

**Secretary of State** 

3395160803CC

Authorized Person(s) Detail:

Title MGR Title

BARBON, RENATO Name CAMPBELL, CORY L Name 8744 LOST COVE DRIVE Address 8744 LOST COVE DRIVE Address City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

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: RENATO BARBON

Electronic Signature of Signing Authorized Person(s) Detail

02/03/2024 **MANAGER** 

Date