

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000099651

Entity Name: 11905 TURF MAN PROPERTY, LLC**Current Principal Place of Business:**16088 E AINTREE DR
LOXAHATCHEE, FL 33470**Current Mailing Address:**16088 E AINTREE DR
LOXAHATCHEE, FL 33470**FEI Number:** 83-4480271**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COSTA, CHRISTINA
16088 E AINTREE DR
LOXAHATCHEE, FL 33470 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 |
| Name | COSTA, CHRISTINA |
| Address | 16088 E AINTREE DR |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | COSTA, CHRISTOPHER |
| Address | 16088 E AINTREE DR |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

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|-----------------|----------------------|
| Title | MGR |
| Name | COSTA, CHRISTIN |
| Address | 16088 E AINTREE DR |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

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|-----------------|-----------------------|
| Title | MGR |
| Name | COSTA II, CHRISTOPHER |
| Address | 16088 E AINTREE DR |
| City-State-Zip: | LOXAHATCHEE FL 33470 |

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: CHRISTINA COSTA

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02/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date