

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000120243

**Entity Name:** 456XYZ, LLC

**Current Principal Place of Business:**

1204 ALHAMBRA DR.  
FORT MYERS, FL 33901

**Current Mailing Address:**

P.O. BOX 61687  
FORT MYERS, FL 33906

**FEI Number:** 83-4624866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MUFDI, MARGARET  
1204 ALHAMBRA DR.  
FORT MYERS, FL 33901 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            MUFDI, MARGARET  
Address        P.O. BOX 61687  
City-State-Zip: FORT MYERS FL 33906

*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:** MARGARET MUFDI

**MANAGER**

**04/26/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date