

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000168285

**Entity Name:** 2040 STATE ROAD 436, LLC

**Current Principal Place of Business:**

2040 SR 436  
WINTER PARK, FL 32792

**Current Mailing Address:**

8815 CONROY-WINDERMERE RD  
#415  
ORLANDO, FL 32835 US

**FEI Number:** 84-2419727

**Certificate of Status Desired:** No

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

DILL, SUSAN  
8815 CONROY-WINDERMERE RD  
#415  
ORLANDO, FL 32835 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 DILL, SUSAN  
Address 8815 CONROY-WINDERMERE RD  
#415  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name CHRISTENSEN FAMILY I, LLC  
Address 9154 BAY POINT DR  
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:** SUSAN DILL

**MGR**

**02/11/2024**

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

\_\_\_\_\_  
Date