01(2)(1)	o, 12 02000 00			
FEI Number: 84-2419727			Certificate of Status Desired:	d: N
Name and	d Address of Current Registered Agent	:		
#415	N OY-WINDERMERE RD FL 32835 US			
The above na	med entity submits this statement for the purpose of chang	ing its registered office or regis	stered agent, or both, in the State of Florida	э.
SIGNATU	RE:			
	Electronic Signature of Registered Agent			D
Authorize	ed Person(s) Detail :			
Title	MGR	Title	AMBR	
Name	DILL, SUSAN	Name	CHRISTENSEN FAMILY I, LLC	
Address	8815 CONROY-WINDERMERE RD #415	Address	9154 BAY POINT DR	
		City-State-Zin:		

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000168285

2040 SR 436

#415

WINTER PARK, FL 32792

Current Mailing Address:

ORLANDO, FL 32835 US

City-State-Zip: ORLANDO FL 32835

Entity Name: 2040 STATE ROAD 436, LLC

Current Principal Place of Business:

8815 CONROY-WINDERMERE RD

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

Electronic Signature of Signing Authorized Person(s) Detail

No

Date

02/28/2023 Date

City-State-Zip: ORLANDO FL 32819

MGR