

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214806

**Entity Name:** AUSTRIAN-FLORIDA, LLC

**Current Principal Place of Business:**

150 ISLAND CT  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

P.O. BOX 3516  
PLACIDA, FL 33946

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STURGES, ERNEST W SR.  
701 JC CENTER COURT  
SUITE 3  
PORT CHARLOTTE, FL 33954 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 AMBR  
Name HEINZL, LEONHARD  
Address P.O. BOX 3516  
City-State-Zip: PLACIDA FL 33946

Title AMBR  
Name LANGTHALLNER-HEINZL, MARTINA  
Address P.O. BOX 3516  
City-State-Zip: PLACIDA FL 33946

Title AMBR  
Name SUESS, STEFAN  
Address P.O. BOX  
City-State-Zip: PLACIDA FL 33946

*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:** LEONHARD HEINZL

**AMBR. MANAGER**

**01/10/2024**

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

\_\_\_\_\_  
Date