

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000238748

Entity Name: LONGLEAF FLORIDA, LLC

Current Principal Place of Business:

.12 BAYVIEW AVENUE
LAWRENCE, NY 11559

Current Mailing Address:

P.O. BOX 280
LAWRENCE, NY 11559 US

FEI Number: 84-3263850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
802 11TH ST.
BRADENTON, FL 34205 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 MANAGER
Name WEISSMAN, AVRAM
Address P.O. BOX 280
City-State-Zip: LAWRENCE NY 11559

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: AVRAM WEISSMAN

MANAGER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date