

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000282679

**Entity Name:** ELLEN DEMUNDA LLC

**Current Principal Place of Business:**

995 NORTH HIGHWAY A1A, UNIT 209  
INDIALANTIC, FL 32903

**Current Mailing Address:**

995 NORTH HIGHWAY A1A, UNIT 209  
INDIALANTIC, FL 32903 US

**FEI Number:** 72-1560110

**Certificate of Status Desired:** No

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

JACOBSON, ELLEN  
995 NORTH HIGHWAY A1A, UNIT 209  
INDIALANTIC, FL 32903 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 JACOBSON, ELLEN  
Address 995 NORTH HIGHWAY A1A, UNIT 209  
City-State-Zip: INDIALANTIC FL 32903

Title AMBR  
Name CIANCIOLO, LAURA  
Address 31 INVERARY DRIVE  
City-State-Zip: WATERTOWN CT 06795

*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:** ELLEN JACOBSON

**PARTNER**

**01/12/2024**

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

\_\_\_\_\_  
Date