

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000291328

**Entity Name:** MY FLA PA, LLC

**Current Principal Place of Business:**

1129 GARLAND DRIVE  
SEBRING, FL 33870

**Current Mailing Address:**

8805 TAMIAMI TRAIL N  
#529  
NAPLES, FL 34108 US

**FEI Number:** 84-3958565

**Certificate of Status Desired:** No

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

THIELSEN, JULIE  
1 BLUEBILL AVE APT 409  
NAPLES, FL 34108 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 THIELSEN, JULIE  
Address 1 BLUEBILL AVE APT 409  
City-State-Zip: NAPLES FL 34108

*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:** JULIE THIELSEN

MGR

03/06/2024

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

\_\_\_\_\_  
Date