

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000303274

Entity Name: 29 REAR PARKIN ST. LLC

Current Principal Place of Business:

5658 SE FOXCROSS PL.
STUART, FL 34997

Current Mailing Address:

5658 SE FOXCROSS PL.
STUART, FL 34997 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAVALEA, DANA
5658 SE FOXCROSS PL.
STUART, FL 34997 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	Title	MANAGER, AUTHORIZED MEMBER
Name	CAVALEA, DANA	Name	CAVALEA, DANA
Address	5658 SE FOXCROSS PL.	Address	5658 SE FOXCROSS PL.
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

Title VP
 Name CAVALEA, LAREN
 Address 5658 SE FOXCROSS PL.
 City-State-Zip: STUART FL 34997

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: DANA CAVALEA

PRESIDENT

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date