

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000004809

Entity Name: 35239 WHISPERING PINES DRIVE, L.L.C.**Current Principal Place of Business:**35239 WHISPERING PINES
ZEPRHILLS, FL 33541**Current Mailing Address:**5045 RONNOCH BLVD
WESLEY CHAPEL, FL 33543 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, JOAN Q
5045 RONNOCH BLVD
WESLEY CHAPEL, FL 33543 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 VALDES, JOAN Q
Address PO BOX 17331
City-State-Zip: TAMPA FL 33543

Title MGR
Name VALDES, JOAN Q
Address PO BOX 17331
City-State-Zip: TAMPA FL 33543

Title MGR
Name VALDES JR, ARTHUR Q
Address PO BOX 17331
City-State-Zip: TAMPA FL 33543

Title AMBR
Name VALDES JR, ARTHUR Q
Address PO BOX 17331
City-State-Zip: TAMPA FL 33543

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: ARTHUR VALDES JR.

MGR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date