

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000005380

**Entity Name:** 8530 RICHMOND ST LLC

**Current Principal Place of Business:**

10301 CLIFF CIR  
TAMPA, FL 33612

**Current Mailing Address:**

P O BOX 502  
RIVERVIEW, FL 33568 US

**FEI Number:** 84-4278407

**Certificate of Status Desired:** No

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

WATSON, STACEY  
10301 CLIFF CIR  
TAMPA, FL 33612 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            WATSON, STACEY  
Address        P O BOX 502  
City-State-Zip: RIVERVIEW FL 33568

*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:** STACEY WATSON

AMBR

04/21/2024

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

\_\_\_\_\_  
Date