# 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: NICHOLAS ARSALI

AUTHORIZED REPRESENTATIVE 04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

| rized Person(s) Detail : |                        |                 |               |  |  |
|--------------------------|------------------------|-----------------|---------------|--|--|
|                          | MANAGER                | Title           | AUTHORIZED R  |  |  |
|                          | ARSALI, ANTHONY A ESQ. | Name            | ARSALI, NICHO |  |  |
| 6                        | 119 N SWINTON AVE      | Address         | 119 N SWINTON |  |  |
| te-Zip:                  | DELRAY BEACH FL 33444  | City-State-Zip: | DELRAY BEACH  |  |  |
|                          |                        |                 |               |  |  |

## L

SIGNATURE: ANTHONY ARSALI

| Authorized Person(s) Detail : |                        |                 |                           |  |  |
|-------------------------------|------------------------|-----------------|---------------------------|--|--|
| Title                         | MANAGER                | Title           | AUTHORIZED REPRESENTATIVE |  |  |
| Name                          | ARSALI, ANTHONY A ESQ. | Name            | ARSALI, NICHOLAS          |  |  |
| Address                       | 119 N SWINTON AVE      | Address         | 119 N SWINTON AVE         |  |  |
| City-State-Zip:               | DELRAY BEACH FL 33444  | City-State-Zip: | DELRAY BEACH FL 33444     |  |  |

**119 N SWINTON AVE** 

## **FEI Number: APPLIED FOR**

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ARSALI, ANTHONY A ESQ. 119 N SWINTON AVE DELRAY BEACH, FL 33444 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.

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L20000062150

Entity Name: FLORIDA LAND TRUST SERVICES LLC

## **Current Principal Place of Business:**

119 N SWINTON AVE DELRAY BEACH. FL 33444

## **Current Mailing Address:**

DELRAY BEACH. FL 33444 US

Certificate of Status Desired: No

FILED Apr 15, 2024 Secretary of State 1181009581CC

> 04/15/2024 Date

> > Date