

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000086751

**Entity Name:** 964 W GORRIE DR, LLC

**Current Principal Place of Business:**

7867 N 800 E  
SHERIDAN, IN 46069

**Current Mailing Address:**

13780 LANGLEY DR.  
CARMEL, IN 46032 US

**FEI Number: 85-0523941**

**Certificate of Status Desired: No**

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

COLLIN VACATION RENTALS, INC.  
60 E GULF BEACH DR.  
ST. GEORGE ISLAND, FL 32328 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            DEFALQUE, JAMES SCOTT  
Address        7867 N 800 E  
City-State-Zip: SHERIDAN IN 46069

Title            AMBR  
Name            DEFALQUE, JEFFREY  
Address        287 LELAND TERRACE NE  
City-State-Zip: ATLANTA GA 30317

*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: JAMES SCOTT DEFALQUE**

**MEMBER**

**02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date