

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000356118

**Entity Name:** TRANSCENDING 2967 NE 10 ST LLC

**Current Principal Place of Business:**

1403 N.E. 51ST LOOP  
OCALA, FL 34479

**Current Mailing Address:**

1403 N.E. 51ST LOOP  
OCALA, FL 34479 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FAGUNDO, DASIER  
1403 N.E. 51ST LOOP  
OCALA, FL 34479 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           | MGR                 |
| Name            | FAGUNDO, DASIER     | Name            | FAGUNDO, LAUREN O   |
| Address         | 1403 N.E. 51ST LOOP | Address         | 1403 N.E. 51ST LOOP |
| City-State-Zip: | OCALA FL 34479      | City-State-Zip: | OCALA FL 34479      |

*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:** DASIER FAGUNDO

**MANAGER**

**04/13/2022**

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

\_\_\_\_\_  
Date