

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000366557

**Entity Name:** 207 MADISON, LLC

**Current Principal Place of Business:**

7240 17TH COURT N.E.  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7240 17TH COURT N.E.  
ST. PETERSBURG, FL 33702 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERED AGENT CORPORATION OF PINELLAS C  
5858 CENTRAL AVENUE  
SUITE A  
ST. PETERSBURG, FL 33707 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            | MCQUAID, SEAN           | Name            | MCQUAID, TRACY          |
| Address         | 7240 17TH COURT N.E.    | Address         | 7240 17TH COURT N.E.    |
| City-State-Zip: | ST. PETERSBURG FL 33702 | City-State-Zip: | ST. PETERSBURG FL 33702 |

*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:** SEAN MCQUAID

**MGR**

**04/27/2024**

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

\_\_\_\_\_  
Date