

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000393011

**Entity Name:** ARTHUR AVENUE RENTALS, LLC**Current Principal Place of Business:**3162 MORRIS MANOR  
MERRITT ISLAND, FL 32952**Current Mailing Address:**PO BOX 249  
CAPE CANAVERAL, FL 32920 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURGETT, STACY L  
3490 NORTH US HIGHWAY 1  
COCOA, FL 32926 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 BURGETT, FREDERICK C JR TTEE  
Address 3162 MORRIS MANOR  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR  
Name BURGETT, STACY L  
Address 930 SPANISH CAY DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR  
Name BURGETT, LESLIE B  
Address 600 HIGH POINT COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR  
Name BURGETT, BROOKS B  
Address 2500 PALM LAKE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title MANAGER  
Name BURGETT, STACY L  
Address 930 SPANISH CAY DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title MANAGER  
Name BURGETT, LESLIE B  
Address 600 HIGH POINT COURT  
City-State-Zip: MERRITT ISLAND FL 32952

Title MANAGER  
Name BURGETT, BROOKS B  
Address 2500 PALM LAKE DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** FREDERICK C. BURGETT, JR.**PRESIDENT****03/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date