

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000012757

**Entity Name:** 29 NORTH GULF, LLC

**Current Principal Place of Business:**

5106 W. SAN JOSE STREET  
TAMPA, FL 33629

**Current Mailing Address:**

5106 W. SAN JOSE STREET  
TAMPA, FL 33629

**FEI Number:** 86-1703133

**Certificate of Status Desired:** No

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

ULRICH, SCARLETT, WICKMAN & DEAN, P.A.  
713 S. ORANGE AVE., STE. 201  
SARASOTA, FL 34236 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  
Name DURRANCE, CHAD G  
Address 5106 W. SAN JOSE STREET  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name SAAD, STEWART M  
Address 5106 W. SAN JOSE STREET  
City-State-Zip: TAMPA FL 33629

Title MANAGER  
Name DURRANCE, LESLIE  
Address 5106 W. SAN JOSE STREET  
City-State-Zip: TAMPA FL 33629

*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:** LESLIE DURRANCE

MANAGER

02/28/2024

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

\_\_\_\_\_  
Date