

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000058322

**Entity Name:** 418 PROPERTY, LLC

**Current Principal Place of Business:**

5900 ALLIGATOR LAKE SHORE WEST  
ST. CLOUD, FL 34771

**Current Mailing Address:**

5900 ALLIGATOR LAKE SHORE WEST  
ST. CLOUD, FL 34771 US

**FEI Number:** 86-2065982

**Certificate of Status Desired:** No

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

CLARKE, LINDA D  
5900 ALLIGATOR LAKE SHORE WEST  
ST. CLOUD, FL 34771 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	CLARKE, LINDA D	Name	CORBETT, KAREN C
Address	5900 ALLIGATOR LAKE SHORE WEST	Address	5900 ALLIGATOR LAKE SHORE WEST
City-State-Zip:	ST. CLOUD FL 34771	City-State-Zip:	ST. CLOUD FL 34771

*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:** LINDA D CLARKE

**MANAGER+**

**02/13/2024**

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

\_\_\_\_\_  
Date