

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000070000

**Entity Name:** OFFLOADIT NETWORK LLC

**Current Principal Place of Business:**

196 MINORCA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

196 MINORCA AVE  
CORAL GABLES, FL 33134 US

**FEI Number: 86-2218034**

**Certificate of Status Desired: Yes**

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

ROLLINS, MARK  
196 MINORCA AVE  
CORAL GABLES, FL 33134 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 ROLLINS, MARK  
Address 196 MINORCA AVE.  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name TIRMAN, EMRE  
Address 30 ISLE OF VENICE DR  
APT 203  
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR  
Name ONUR, BOGAC  
Address 6301 NE 4TH AVE  
City-State-Zip: MIAMI FL 33138

*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: MARK ROLLINS**

**AMBR**

**01/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date