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: CHRISTIE M ORTIZ	AMBR	01/23/2023			

SIGNATURE: CHRISTIE M ORTIZ

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000090063

Entity Name: 4617 CASON COVE LLC

Current Principal Place of Business:

18800 NATCHEZ STREET ORLANDO, FL 32833

Current Mailing Address:

18800 NATCHEZ STREET ORLANDO, FL 32833 US

FEI Number: 86-2521495

Name and Address of Current Registered Agent:

ORTIZ, CHRISTIE M 18800 NATCHEZ STREET ORLANDO, FL 32833 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	CHRISTIE M ORTIZ			01/23/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	ORTIZ, CHRISTIE	Name	VELEZ, WALDEMAR	
Address	18800 NATCHEZ STREET	Address	18800 NATCHEZ STREET	
City-State-Zip:	ORLANDO FL 32833	City-State-Zip:	ORLANDO FL 32833	

FILED Jan 23, 2023 Secretary of State 2667627051CC

Certificate of Status Desired: No

Date