

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000154032

**Entity Name:** 10900 US 19 LLC

**Current Principal Place of Business:**

10900 US HWY 19 N  
CLEARWATER, FL 33764

**Current Mailing Address:**

10900 US HWY 19 N  
CLEARWATER, FL 33764 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ESTEY, CHRIS  
10900 US HWY 19 N  
CLEARWATER, FL 33764 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 ESTEY, CHRIS  
Address 10900 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

Title AMBR  
Name ESTEY, MICHAEL C  
Address 10900 US HWY 19 N  
City-State-Zip: CLEARWATER FL 33764

*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:** CHRIS ESTEY

**OWNER**

**05/01/2024**

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

\_\_\_\_\_  
Date