

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000223063

**Entity Name:** DEAMBROSE PROPERTY GROUP LLC

**Current Principal Place of Business:**

7212 N 13TH ST.  
TAMPA, FL 33604

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**6473293043CC**

**Current Mailing Address:**

7212 N 13TH ST.  
TAMPA, FL 33604 US

**FEI Number: 85-4022583**

**Certificate of Status Desired: No**

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

HEALY, RACHEL J  
712 WEST INDIANA AVENUE  
TAMPA, FL 33603 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 HEALY, RACHEL J  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name LIETZ, MARIA E  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name HEALY, MICHAEL  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name HEALY, ROBERT J  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name HEALY, NICHOLAS  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

Title MGR  
Name DEAMBROSE, SCOTT  
Address 1219 E HAMILTON AVE.  
City-State-Zip: TAMPA FL 33604

*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: SCOTT DEAMBROSE**

**MGR**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date