

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000291953

**Entity Name:** RESPECTIVE LLC

**Current Principal Place of Business:**

462 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

661 ONDERDONK AVE  
APT # 1L  
RIDGEWOOD, NY 11385 US

**FEI Number:** 87-1368582

**Certificate of Status Desired:** No

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

MIGLIORANZI, CHRISTOPHER J  
462 VENETIAN VILLA DRIVE  
NEW SMYRNA BEACH, FL 32168 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 MIGLIORANZI, CHRISTOPHER  
Address 462 VENETIAN VILLA DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title AMBR  
Name WADE, SIMON  
Address 2035 PALMETTO STREET  
APT 1L  
City-State-Zip: FLUSHING NY 11385

*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:** SIMON WADE

MEMBER/MANAGER

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date