

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000307601

**Entity Name:** 2413, LLC**Current Principal Place of Business:**4781 N. CONGRESS AVE.  
#1255  
BOYNTON BEACH, FL 33426**Current Mailing Address:**4781 N. CONGRESS AVE.  
#1255  
BOYNTON BEACH, FL 33426 US**FEI Number:** 87-2750713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST JULIEN, KATHY  
4781 N. CONGRESS AVE.  
#1255  
BOYNTON BEACH, FL 33426 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           | MEMB                          |
| Name            | ST JULIEN, KATHY              |
| Address         | 4781 N. CONGRESS AVE<br>#1255 |
| City-State-Zip: | BOYNTON BEACH FL 33426        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MGR                           |
| Name            | ST JULIEN, KATHY              |
| Address         | 4781 N. CONGRESS AVE<br>#1255 |
| City-State-Zip: | BOYNTON BEACH FL 33426        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MEMB                          |
| Name            | ST JULIEN, RODENS             |
| Address         | 4781 N. CONGRESS AVE<br>#1255 |
| City-State-Zip: | BOYNTON BEACH FL 33426        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MEMB                          |
| Name            | ST JULIEN, HUGUES             |
| Address         | 4781 N. CONGRESS AVE<br>#1255 |
| City-State-Zip: | BOYNTON BEACH FL 33426        |

*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:** KATHY ST JULIEN

MGR

04/22/2022

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