# 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: ANNE E JATOFT

Electronic Signature of Signing Authorized Person(s) Detail

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:

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JATOFT, MICHAEL	Name	JATOFT, ANNE
Address	4190 S. UNIVERSITY DRIVE	Address	4190 S. UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

Electronic Signature of Registered Agent

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L21000347185

### Entity Name: ANNE & MICHAEL'S DAVIE REAL ESTATE, LLC

# **Current Principal Place of Business:**

4190 S. UNIVERSITY DRIVE DAVIE. FL 33328

# **Current Mailing Address:**

4190 S. UNIVERSITY DRIVE DAVIE, FL 33328

# FEI Number: 88-2704290

# Name and Address of Current Registered Agent:

JATOFT, MICHAEL 4190 S. UNIVERSITY DRIVE DAVIE, FL 33328 US

Date

Certificate of Status Desired: No

MANAGER

02/01/2023

Date