

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000351341

**Entity Name:** 15337PENDIODR,LLC

**Current Principal Place of Business:**

16300 COUNTY ROAD 455  
516  
MONTVERDE, FL 34756

**Current Mailing Address:**

16300 COUNTY ROAD 455  
516  
MONTVERDE, FL 34756

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NOLASCO, RENATA  
16300 COUNTY ROAD 455  
516  
MONTVERDE, FL 34756 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 NOLASCO, RENATA  
Address 16300 COUNTY ROAD 455 APT 516  
City-State-Zip: MONTVERDE FL 34756

Title MGR  
Name NOLASCO, WAGNER  
Address 16300 COUNTY ROAD 455  
516  
City-State-Zip: MONTVERDE FL 34756

*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:** WAGNER NOLASCO

MGR

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date