I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am a managing member or manager of the limited liability company or the receiver of that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: SYDNEY DIAZ	OWNER	03/07/2024

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:	: SYDNEY DIAZ			03/07/2024
	Electronic Signature of Registered Agent			Date
Authorized P	Person(s) Detail :			
Title	OTHER	Title	AUTHORIZED REPRESENTATI	VE
Name	DIAZ, JEREMY	Name	DIAZ, SYDNEY ELISE	
Address	11 PECAN PASS TRAIL	Address	11 PECAN PASS TRAIL	
City-State-Zip:	OCALA FL 34472	City-State-Zip:	OCALA FL 34472	

**11 PECAN PASS TRAIL** 

# Name and Address of Current Registered Agent:

DIAZ, SYDNEY E

# DOCUMENT# L21000491128

Entity Name: SYDNEY ELISE DIAZ LLC

### **Current Principal Place of Business:**

2620 SW 17TH RD STE 500 OCALA, FL 34471

# **Current Mailing Address:**

OCALA. FL 34472 US

# FEI Number: 88-1247901

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**11 PECAN PASS TRAIL** OCALA, FL 34472 US

SIGNATURE: SYDNEY DIAZ

FILED Mar 07, 2024 **Secretary of State** 0680300223CC

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail