

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000515881

Entity Name: 419/TEK, LLC**Current Principal Place of Business:**2733 VIA CIPRIANI
#834-B
CLEARWATER, FL 33764**Current Mailing Address:**2733 VIA CIPRIANI
#834-B
CLEARWATER, FL 33764 US**FEI Number:** 87-3896652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JWEAVER MANAGEMENT LLC
2733 VIA CIPRIANI
834-B
CLEARWATER, FL 33764 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 AMBR
Name JWEAVER MANAGEMENT, LLC
Address 2733 VIA CIPRIANI #834-B
City-State-Zip: CLEARWATER FL 33764

Title AMBR
Name ROSE419, LLC
Address 1 SURF VILLAGE, UNIT C
City-State-Zip: MANCHESTER BY THE SEA MA 01944

Title AMBR
Name ASFALEIA, LLC
Address 1 SURF VILLAGE, UNIT C
City-State-Zip: MANCHESTER BY THE SEA MA 01944

Title AMBR
Name ALM R&D, INC.
Address 334 EAST LAKE ROAD, #207
City-State-Zip: PALM HARBOR FL 34685

Title AMBR
Name MDTR FAMILY CIRCLE, LLC
Address 20 MAYER DRIVE
City-State-Zip: MONTEBELLO NY 10901

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: JOSH WEAVER**MEMBER****01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date