

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000032711

**Entity Name:** ULTIMATEGRAPHERZ LLC

**Current Principal Place of Business:**

3570 ISLAND CLUB DR  
APT 6  
NORTH PORT, FL 34288

**Current Mailing Address:**

3570 ISLAND CLUB DR  
APT 6  
NORTH PORT, FL 34288

**FEI Number:** 93-1516599

**Certificate of Status Desired:** No

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

TUFANO, PAT M  
3570 ISLAND CLUB DR  
APT 6  
NORTH PORT, FL 34288 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            TUFANO, PAT M  
Address        3570 ISLAND CLUB DR APT #6  
City-State-Zip: NORTH PORT FL 34288

*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:** TUFANO, PAT M

**MANAGER**

**02/22/2024**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date