

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000120035

**Entity Name:** 4005 SW 10 STREET LLC

**Current Principal Place of Business:**

4005 SW 10 STREET  
MIAMI, FL 33134

**Current Mailing Address:**

1906 HICKORY TRACE DRIVE  
FLEMING ISLAND, FL 32003

**FEI Number:** 92-1597909

**Certificate of Status Desired:** No

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

COBB, THOMAS W  
1906 HICKORY TRACE DR  
FLEMING ISLAND, FL 32003 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	Title	AR
Name	COBB, THOMAS W	Name	COBB, HORTENSIA S
Address	1906, HICKORY TRACE DR	Address	4005 SW 10 STREET
City-State-Zip:	FLEMING ISLAND FL 32003	City-State-Zip:	MIAMI FL 33134

*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:** THOMAS COBB

**MGR**

**02/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date