

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000128645

Entity Name: 20 ACCLAIM LLC

Current Principal Place of Business:

20 ACCLAIM AT LIONSPAW
DAYTONA BEACH, FL 32124

Current Mailing Address:

P.O BOX 265
LEVITTOWN, NY 11756 US

FEI Number: 88-1530020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOSZCZAK, EWELINA
1224 LONDONDERRY CIRCLE
ORMOND BEACH, FL 32174 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	Title	AMBR
Name	WOSZCZAK, EWELINA	Name	WOSZCZAK, TOMASZ
Address	P.O BOX 265	Address	P.O BOX 265
City-State-Zip:	LEVITTOWN NY 11756	City-State-Zip:	LEVITTOWN NY 11756

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: TOMASZ WOSZCZAK

AMBR

03/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date