

**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  
Name WOSZCZAK, EWELINA  
Address P.O BOX 265  
City-State-Zip: LEVITTOWN NY 11756

Title AMBR  
Name WOSZCZAK, TOMASZ  
Address P.O BOX 265  
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