## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000144847

Entity Name: 4945 VIA BARI, LLC

**Current Principal Place of Business:** 

610 CLEMATIS STREET

CU<sub>5</sub>

WEST PALM BEACH, FL 33401

**Current Mailing Address:** 

610 CLEMATIS STREET

CU<sub>5</sub>

WEST PALM BEACH, FL 33401

FEI Number: 88-1651590 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, SUSAN 610 CLEMATIS CU<sub>5</sub>

WEST PALM BEACH, FL 33401 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.

Address

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Feb 14, 2024

**Secretary of State** 

7975846839CC

Authorized Person(s) Detail:

Title MGR Title **AMBR** 

NORMAN H THOMAS LIFETIME Name Name KW TOSCANA, LLC

TRUST

Address 610 CLEMATIS STREET

CU<sub>5</sub>

City-State-Zip: WEST PALM BEACH FL 33401 CU<sub>2</sub>

City-State-Zip: WEST PALM BEACH FL 33401

610 CLEMATIS STREET

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.

Electronic Signature of Signing Authorized Person(s) Detail