

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000184272

**Entity Name:** 4208 N RIVERSIDE DR LLC

**Current Principal Place of Business:**

4208 N RIVERSIDE DR  
TAMPA, FL 33603

**Current Mailing Address:**

PO BOX 5001  
TAMPA, FL 33675

**FEI Number:** 88-1810828

**Certificate of Status Desired:** No

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

GORMAN, DANIEL  
4208 N RIVERSIDE DR  
TAMPA, FL 33603 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	MGR
Name	GORMAN, DANIEL	Name	GORMAN, CLAUDIA
Address	4208 N RIVERSIDE DR	Address	4208 N RIVERSIDE DR
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

*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:** DANIEL GORMAN

MGR

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date