

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000258026

**Entity Name:** 9648 GINGER CT, LLC

**Current Principal Place of Business:**

C/O MITCH KATZ - FREUND KATZ GOLDSTON YOUNG & CO. PA.  
1551 SAWGRASS CORPORATE PARKWAY SUITE410  
SUNRISE, FL 33323

**Current Mailing Address:**

C/O MITCH KATZ - FREUND KATZ GOLDSTON YOUNG & CO. PA.  
1551 SAWGRASS CORPORATE PARKWAY SUITE410  
SUNRISE, FL 33323 US

**FEI Number:** 88-2889281

**Certificate of Status Desired:** No

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

THE JOSEPHS LAW FIRM, PA  
2100 PONCE DE LEON BLVD, SUITE 1290  
CORAL GABLES, FL 33134 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:** ADAM C. JOSEPHS

04/22/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR, MANAGER	Title	AUTHORIZED MEMBER
Name	SITARAS, LEONIDAS	Name	COMELLAS, ALEJANDRO
Address	C/O MITCH KATZ - FREUND KATZ GOLDSTON YOUNG & CO. PA. 1551 SAWGRASS CORPORATE PARKWAY SUITE 410	Address	C/O MITCH KATZ - FREUND KATZ GOLDSTON YOUNG & CO. PA. 1551 SAWGRASS CORPORATE PARKWAY SUITE 410
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** LEONIDAS SITARAS

MANAGER

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date