

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000278360

**Entity Name:** 14 N EDWARDS ST PLANT CITY LLC

**Current Principal Place of Business:**

14 N EDWARDS STREET  
PLANT CITY, FL 33563

**Current Mailing Address:**

2924 FOREST HAMMOCK DRIVE  
PLANT CITY, FL 33566 US

**FEI Number:** 88-3000151

**Certificate of Status Desired:** No

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

DAVENPORT, DAVID W  
2924 FOREST HAMMOCK DRIVE  
PLANT CITY, FL 33566 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  
Name DAVENPORT, DAVID W  
Address 2924 FOREST HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title AMBR  
Name DAVENPORT, DAVID W  
Address 2924 FOREST HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title AMBR  
Name DAVENPORT, JEAN A  
Address 2924 FOREST HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title AP  
Name DAVENPORT, DAVID W  
Address 2924 FOREST HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

Title AP  
Name DAVENPORT, JEAN A  
Address 2924 FOREST HAMMOCK DRIVE  
City-State-Zip: PLANT CITY FL 33566

*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:** DAVID W DAVENPORT

**MANAGER**

**02/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date