2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2024
Secretary of State
9837539672CC

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Entity Name: PALM CITY LACROSSE, LLC

Current Principal Place of Business:

16205 SOUTH TAMIAMI TRAIL
UNIT 2
FORT MYERS, FL 33908

Current Mailing Address:

16205 SOUTH TAMIAMI TRAIL
UNIT 2
FORT MYERS, FL 33908 US

FEI Number: 88-3601153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARPAIA, BRIAN
2391 HEYDON CIRCLE E
NAPLES, FL 34120 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	RAY, ANASTASIA
Address	3345 GRANT COVE CIRCLE APT 206
City-State-Zip:	CAPE CORAL FL 33991

Title	AMBR
Name	ARPAIA, BRIAN
Address	2391 HEYDON CIRCLE E
City-State-Zip:	NAPLES FL 34120

Title	AMBR
Name	LANNING, TAYLOR
Address	2391 HEYDON CIRCLE E.
City-State-Zip:	NAPLES FL 34120

Title	AMBR
Name	RAY, BRIAN
Address	3345 GRANT COVE CIRCLE, APT. #206
City-State-Zip:	CAPE CORAL FL 33991

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: BRIAN ARPAIA OWNER 03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date