

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000433773

**Entity Name:** 4565 S. ATLANTIC AVE., UNIT 5605, PONCE INLET, FL 32127, LLC

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**6925827427CC**

**Current Principal Place of Business:**

2915 LAKEVIEW DR  
CASSELBERRY, FL 32730

**Current Mailing Address:**

815 N. MAGNOLIA AVENUE SUITE 200  
ORLANDO, FL 32803 UN

**FEI Number: 92-0349314**

**Certificate of Status Desired: No**

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

THE YOUNG LAW FIRM OF FLORIDA  
815 N. MAGNOLIA AVE.  
SUITE 200  
ORLANDO, FL 32803 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            PHILLIPS, MARYAM  
Address        512 SPRING CLUB DR.  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            MGR  
Name            SADRACK, RIDA  
Address        512 SPRING CLUB DR.  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: MARYAM PHILLIPS**

**MGR**

**04/05/2024**

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

\_\_\_\_\_  
Date