

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000466064

**Entity Name:** 4804 ALGONQUIN, LLC

**Current Principal Place of Business:**

4530 ST. JOHNS AVENUE  
SUITE 15233  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4530 ST. JOHNS AVENUE  
SUITE 15233  
JACKSONVILLE, FL 32210

**FEI Number:** 92-0870245

**Certificate of Status Desired:** No

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

BATISTA, HAMILTON  
4530 ST. JOHNS AVENUE  
SUITE 15233  
JACKSONVILLE, FL 32210 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 BATISTA, HAMILTON  
Address 4530 ST. JOHNS AVENUE, SUITE  
15233  
City-State-Zip: JACKSONVILLE FL 32210

*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:** HAMILTON BATISTA

MGR

04/17/2023

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

\_\_\_\_\_  
Date