

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000016474

**Entity Name:** 403 TARPON AVE-409 LLC

**Current Principal Place of Business:**

403 TARPON AVE  
UNIT 409  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

26 SPRING ST  
HAWTHORNE, NY 10532 UN

**FEI Number:** 88-2326224

**Certificate of Status Desired:** No

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

POWER, PAIGE B  
26 SPRING ST  
HAWTHORNE, FL 10532 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	Title	MGR
Name	POWER, PAIGE B	Name	POWER, SEAN T
Address	26 SPRING ST	Address	26 SPRING ST
City-State-Zip:	HAWTHORNE NY 10532	City-State-Zip:	HAWTHORNE NY 10532

*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:** PAIGE BENTLEY POWER

**MANAGER**

**01/21/2024**

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

\_\_\_\_\_  
Date