

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000043955

**Entity Name:** STAY & RIDE LLC

**Current Principal Place of Business:**

9090 E IRLO BRONSON HWY  
SUITE F  
SAINT CLOUD, FL 34773

**Current Mailing Address:**

9090 E IRLO BRONSON HWY  
SUITE F  
SAINT CLOUD, FL 34773 US

**FEI Number:** 92-2089800

**Certificate of Status Desired:** Yes

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

FAIL SAFE ACCOUNTING LLC  
20 S ROSE AVE  
SUITE #4  
KISSIMMEE, FL 34741 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 MGRM  
Name GORDON, HECTOR L  
Address 1046 PLAZA DR SUITE F  
City-State-Zip: KISSIMMEE FL 34743

Title AMBR  
Name ROSADO, LUCYDANIS  
Address 1046 PLAZA DR SUITE F  
City-State-Zip: KISSIMMEE FL 34743

*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:** HECTOR GORDON

MGR

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date