

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000173336

**Entity Name:** 5737 CRAZY MASON PARTNERS LLC

**Current Principal Place of Business:**

5737 W IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

1194 WOODS LANDING DRIVE  
MINNEOLA, FL 34715 US

**FEI Number:** 92-3861442

**Certificate of Status Desired:** No

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

ROSE SYSTEMS LLC  
1194 WOODS LANDING DRIVE  
MINNEOLA, FL 34715 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 MBR  
Name ROSE, MICHAEL  
Address 1194 WOODS LANDING DRIVE  
City-State-Zip: MINNEOLA FL 34715

Title AMBR  
Name ROSE, MATTHEW  
Address 149 MONTAIN ASH LANE  
City-State-Zip: MYRTLE BEACH SC 29579

Title AMBR  
Name WRIGHT, PHILLIP  
Address 1982 VERCELLI WAY  
City-State-Zip: MYRTLE BEACH SC 29579

Title AMBR  
Name VISCEL, DANNY  
Address 10138 HAMILTON BRANCH LOOP  
City-State-Zip: MYRTLE BEACH SC 29579

Title AMBR  
Name LUSTER, JASON  
Address 2739 SCARECROW WAY  
City-State-Zip: MYRTLE BEACH SC 29579

*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:** MICHAEL ROSE

**MEMBER**

**03/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date