

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000222986

**Entity Name:** PDAVE'S L.L.C.

**Current Principal Place of Business:**

6725 AMBASSADOR DR  
ORLANDO, FL 32818

**Current Mailing Address:**

5524 ARNOLD PALMER DR  
APT. 1135  
ORLANDO, FL 32811

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PIERRELOUIS, BAUDELAIS B  
5524 ARNOLD PALMER DR  
APT. 1135  
ORLANDO, FL 32811 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           | AMBR                  |
| Name            | PIERRELOUIS, BAUDELAIS B | Name            | PIERRELOUIS, DAVE D   |
| Address         | 5524 ARNOLD PALMER DR    | Address         | 5524 ARNOLD PALMER DR |
| City-State-Zip: | ORLANDO FL 32811         | City-State-Zip: | ORLANDO FL 32811      |

*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:** DAVE PIERRELOUIS

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date