# that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: ROSAMARIE SAEZ

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 6631 WESTWOOD ACRES RD

Entity Name: SAEZ PROPERTIES DEVELOPMENT LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FORT MYERS. FL 33905

#### **Current Mailing Address:**

DOCUMENT# L23000225554

PO BOX 51455 FORT MYERS. FL 33994

## FEI Number: 92-1430134

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ABBOTT, BLAKE 2345 JEFFCOTT ST FORT MYERS, FL 33901 US

Authorized Person(s) Detail :

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:

Title	AR	Title	AR
Name	SAEZ, ROSAMARIE	Name	SAEZ, HERIBERTO
Address	6631 WESTWOOD ACRES RD	Address	6631 WESTWOOD ACRES RD
City-State-Zip:	FORT MYERS FL 33905	City-State-Zip:	FORT MYERS FL 33905

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

AR

## FILED Feb 29, 2024 Secretary of State 0025265296CC

Certificate of Status Desired: Yes

Date

Date