

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000237401

**Entity Name:** TREELANCERS LLC

**Current Principal Place of Business:**

6109 CR 707  
WEBSTER, FL 33597

**Current Mailing Address:**

6109 CR 707  
WEBSTER, FL 33597 UN

**FEI Number:** 93-1599799

**Certificate of Status Desired:** No

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

QUINTERO, ANTHONY  
6109 CR 707  
WEBSTER, FL 33597 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           | AMBR                      | Title           | AMBR              |
| Name            | BOND, CHRISTOPHER         | Name            | QUINTERO, ANTHONY |
| Address         | 311 WEST PARKER AVE APT A | Address         | 6109 CR 707       |
| City-State-Zip: | BUSHNELL FL 33513         | City-State-Zip: | WEBSTER FL 33597  |

*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:** ANTHONY QUINTERO

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date