

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000299227

**Entity Name:** 1114 SUMMER BREEZE, LLC

**Current Principal Place of Business:**

1114 SUMMER BREEZE DR.  
BRANDON, FL 33511

**Current Mailing Address:**

1114 SUMMER BREEZE DR.  
BRANDON, FL 33511 UN

**FEI Number:** 93-2110854

**Certificate of Status Desired:** No

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

GUILLEN, ALFREDO  
1114 SUMMER BREEZE DR.  
BRANDON, FL 33511 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  
Name GUILLEN, ALFREDO  
Address 1114 SUMMER BREEZE DR.  
City-State-Zip: BRANDON 33511

Title AMBR  
Name AFREDO GUILLEN, TEE, ALFREDO  
GUILLEN TRUST  
Address 1114 SUMMER BREEZE DR.  
City-State-Zip: BRANDON 33511

Title AMBR  
Name GUILLEN, ADRIANA  
Address 1114 SUMMER BREEZE DR.  
City-State-Zip: BRANDON 33511

*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:** ALFREDO GUILLEN

**MANAGER**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date