

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000372991

**Entity Name:** ACTIVLOOPS II LLC

**Current Principal Place of Business:**

14640 BOURNEMOUTH RD  
TAMPA, FL 33626

**Current Mailing Address:**

14640 BOURNEMOUTH RD  
TAMPA, FL 33626

**FEI Number:** 99-0540568

**Certificate of Status Desired:** No

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

MAGLIOCCHETTI, JENNIFER  
14640 BOURNEMOUTH RD  
TAMPA, FL 33626 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 MAGLIOCCHETTI, JENNIFER  
Address 14640 BOURNEMOUTH RD  
City-State-Zip: TAMPA FL 33626

*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:** JENNIFER MAGLIOCCHETTI

**MANAGER**

**02/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date