

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000495348

Entity Name: WHISPERING PINES ME, LLC

Current Principal Place of Business:

504 NW 13TH STREET
DELRAY BEACH, FL 33444

Current Mailing Address:

504 NW 13TH STREET
DELRAY BEACH, FL 33444 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
3001 PGA BOULEVARD, SUITE 305
PALM BEACH GARDENS, FL 33410 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 MEMBER
Name ELLINGSWORTH, MARIA S
Address 504 NW 13TH STREET
City-State-Zip: DELRAY BEACH FL 33444

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: MARIA S ELLINGSWORTH

MEMBER

04/23/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date