

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000557828

**Entity Name:** APPFORTITUDE LLC

**Current Principal Place of Business:**

4339 ROCK CREEK DR.  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

4339 ROCK CREEK DR.  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COSTELLO, KYLE  
4339 ROCK CREEK DR.  
PORT CHARLOTTE, FL 33948 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  
Name COSTELLO, KYLE HARRISON  
Address 4339 ROCK CREEK DR.  
City-State-Zip: PORT CHARLOTTE FL 33948

Title AMBR  
Name BENDER, FREDERICK JOSEPH  
Address 4339 ROCK CREEK DR.  
City-State-Zip: PORT CHARLOTTE FL 33948

*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:** KYLE HARRISON COSTELLO

AMBR,

03/19/2024

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

\_\_\_\_\_  
Date