

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000913

**Entity Name:** PHJOTO, LLC

**Current Principal Place of Business:**

8895 SE RETREAT DR  
HOBE SOUND , FL 33455

**Current Mailing Address:**

2600 MICHIGAN AVE  
BOX 452200  
KISSIMMEE, FL 34744 US

**FEI Number:** 59-3379760

**Certificate of Status Desired:** No

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

STINE, THOMAS L  
8895 SE RETREAT DR  
HOBE SOUND, FL 33455 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 MGRM  
Name STINE, THOMAS L  
Address 8895 SE RETREAT DR  
City-State-Zip: HOBE SOUND FL 33455

Title MGRM  
Name BARNARD, PHILLIP  
Address 2600 MICHIGAN AVE  
BOX 452200  
City-State-Zip: KISSIMMEE FL 34744

Title MGRM  
Name KRZYNOWEK, JOHN  
Address 185 LANCASTER CT  
City-State-Zip: LAKE BLUFF IL 60044

Title AUTHORIZED REPRESENTATIVE  
Name WARREN, PAM  
Address 2600 MICHIGAN AVE  
BOX 452200  
City-State-Zip: KISSIMMEE FL 34744

*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:** THOMAS L STINE

**MGR.**

**04/09/2024**

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

\_\_\_\_\_  
Date