

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000006173

**Entity Name:** BYRD FAMILY I, LLC

**Current Principal Place of Business:**

2611 WEST GULF DRIVE  
UNIT 15  
SANIBEL, FL 33957

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**5144085945CC**

**Current Mailing Address:**

2611 WEST GULF DRIVE  
UNIT 15  
SANIBEL, FL 33957 US

**FEI Number: 36-4393144**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301 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 TURNER, KRISTEN M  
Address 65 W. JACKSON, STE. 138  
City-State-Zip: CHICAGO IL 60604

Title MGR  
Name FLEMING, WILLIAM K  
Address 2611 WEST GULF DRIVE  
UNIT 15  
City-State-Zip: SANIBEL FL 33957

Title MGR  
Name FLEMING, MARGARET G  
Address 2611 WEST GULF DRIVE  
UNIT 15  
City-State-Zip: SANIBEL FL 33957

*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: WILLIAM K. FLEMING**

**MANAGER**

**04/05/2024**

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

\_\_\_\_\_  
Date