# SIGNATURE: THAKOR D PATEL

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

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.

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

**Officer/Director Detail :** 

Title	Ρ	Title	VP
Name	PATEL, CHILKA	Name	PATEL, THAKOR
Address	5012 PINETREE CIR	Address	5012 PINETREE CIR
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935

## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156881

Entity Name: DEVAN OF LABELLE, INC

### **Current Principal Place of Business:**

139 E HICKPOCHEE AV **UNIT 101** LABELLE, FL 33935

### **Current Mailing Address:**

101 S 7TH STREET IMMOKALEE, FL 34142 US

### FEI Number: 20-5996436

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

Electronic Signature of Registered Agent

PATEL, THAKOR 101 S 7TH STREET **UNIT 103** IMMOKALEE, FL 34142 US

SIGNATURE:

Date

FILED Feb 09, 2024

Secretary of State

0356799533CC

Certificate of Status Desired: Yes

02/09/2024 Date

PRESIDENT