

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106311

**Entity Name:** IDEAL MANAGEMENT SERVICES OF WATERFORD, LLC.

**Current Principal Place of Business:**

616 N. MAYO STREET  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

P.O. BOX 56  
CRYSTAL BEACH, FL 34681

**FEI Number:** 20-3714450

**Certificate of Status Desired:** No

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

DINGESS, ROBERT L  
616 NORTH MAYO STREET  
CRYSTAL BEACH, FL 34681 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 DINGESS, ROBERT  
Address P.O. BOX 56  
City-State-Zip: CRYSTAL BEACH FL 34681

*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:** ROBERT L DINGESS

MGRM

03/09/2024

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

\_\_\_\_\_  
Date