

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124997

**Entity Name:** PETER R. KASSABOV, LLC

**Current Principal Place of Business:**

851 VIRGINIA DRIVE  
WINTER PARK, FL 32789

**Current Mailing Address:**

851 VIRGINIA DRIVE  
WINTER PARK, FL 32789 US

**FEI Number:** 26-1803985

**Certificate of Status Desired:** No

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

KASSABOV, PETER R  
851 VIRGINIA DRIVE  
WINTER PARK, FL 32789 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                  | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | KASSABOV, PETER R    | Name            | BROWN, AMY                |
| Address         | 851 VIRGINIA DRIVE   | Address         | 255 E FIFTH ST STE 2400   |
| City-State-Zip: | WINTER PARK FL 32789 | City-State-Zip: | CINCINNATI OH 45202       |

*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:** AMY BROWN

AP

04/29/2024

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

\_\_\_\_\_  
Date