

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064177

**Entity Name:** 6724 LLC

**Current Principal Place of Business:**

8340 ULMERTON RD  
#202  
LARGO, FL 33771

**Current Mailing Address:**

PO BOX 414  
PARRISH, FL 34219 US

**FEI Number:** 27-3017470

**Certificate of Status Desired:** No

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

SOWA, III, WALTER ESQ.  
8340 ULMERTON RD  
#202  
LARGO, FL 33771 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 SOWA, WALTER  
Address PO BOX 414  
City-State-Zip: PARRISH FL 34219

*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:** WALTER SOWA

MGR

06/09/2020

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

\_\_\_\_\_  
Date