

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091580

**Entity Name:** NANCY ENDARA LLC

**Current Principal Place of Business:**

5808 HELICON PLACE  
SARASOTA, FL 34238

**FILED**  
**Mar 07, 2024**  
**Secretary of State**  
**9554059734CC**

**Current Mailing Address:**

5808 HELICON PLACE  
SARASOTA, FL 34238 US

**FEI Number:** 45-2967242

**Certificate of Status Desired:** Yes

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

ENDARA, NANCY  
5808 HELICON PLACE  
SARASOTA, FL 34238 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            ENDARA, NANCY  
Address         5808 HELICON PLACE  
City-State-Zip: SARASOTA FL 34238

*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:** NANCY ENDARA

MGRM

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date