## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000070998

Entity Name: A1 CDL LLC

**Current Principal Place of Business:** 

3755 MAINE AVE LAKELAND, FL 33801

## **Current Mailing Address:**

P O BOX 4978

PLANT CITY. FL 33563 US

FEI Number: 46-2773418 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BARTHLE, DREW 3755 MAINE AVE LAKELAND, FL 33801 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

**FILED** May 02, 2024

**Secretary of State** 

7516476638CC

## Authorized Person(s) Detail:

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	BARTHLE, DREW	Name	BARTHLE, JOLENE
Address	5430 MILEY RD	Address	5430 MILEY RD
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** Name BARTHLE, DREW JR. WRIGHT, DRULENE Name

Address 5542 MILEY RD Address 5604 MILEY RD

PLANT CITY FL 33565 City-State-Zip: City-State-Zip: PLANT CITY FL 33565

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: DREW BARTHLE

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

05/02/2024 Date