## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000080668

**Entity Name: HEXAGONE HABITATION LLC** 

## **Current Principal Place of Business:**

1505 LEGENDS BLVD UNIT 1

CHAMPIONS GATE, FL 33896

## **Current Mailing Address:**

1505 LEGENDS BLVD UNIT 1 CHAMPIONS GATE, FL 33896 US

Name and Address of Current Registered Agent:

HEXAGON INTERNATIONAL INC 1505 LEGENDS BLVD UNIT 4 CHAMPIONS GATE, FL 33896 US

FEI Number: 38-3936879

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** Apr 19, 2024

**Secretary of State** 

8284413049CC

Certificate of Status Desired: No

## Authorized Person(s) Detail:

Title MGR **EFETZ** Name

1505 LEGENDS BLVD Address

City-State-Zip: CHAMPIONS GATE FL 33896

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.

04/19/2024 SIGNATURE: EFETZ **MGR**