

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000065278

Entity Name: 5453-4 NW 24 ST LLC**Current Principal Place of Business:**2920 NW 107TH AVE
CORAL SPRINGS, FL 33065**Current Mailing Address:**PO BOX 8721
CORAL SPRINGS, FL 33075**FEI Number:** 37-1782359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUGINS, MICHAEL R
2920 NW 107TH AVE
CORAL SPRINGS, FL 33065 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	AMBR
Name	HUGINS, MICHAEL R
Address	2920 NW 107TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	P
Name	HUGINS, MICHAEL R
Address	2920 NW 107TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	HUGINS, KATHLEEN
Address	2920 NW 107TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AMBR
Name	HUGINS, KATHLEEN
Address	2920 NW 107TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	AUTHORIZED REPRESENTATIVE
Name	HUGINS, NANCY KEE
Address	2920 NW 107TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

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: MICHAEL R HUGINS

PRES

07/18/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date