

**2020 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	VP
Name	HUGINS, KATHLEEN
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	AMBR
Name	HUGINS, KATHLEEN
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****01/19/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date