

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000207697

**Entity Name:** ALLGOOD NORTH PARK, LLC

**Current Principal Place of Business:**

4669 GULF BLVD  
SUITE 175  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

4669 GULF BLVD  
SUITE 175  
ST. PETE BEACH, FL 33706 US

**FEI Number:** 81-1237084

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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 THE HAWKINS FAMILY TRUST, UTD  
APRIL 10, 1996  
Address 4669 GULF BLVD. SUITE 175  
City-State-Zip: ST. PETE BEACH FL 33706

*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:** DIANE HAWKINS

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date