

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000100618

**Entity Name:** CODE LABS, LLC

**Current Principal Place of Business:**

2334 PONCE DE LEON BLVD, SUITE 700  
CORAL GABLES, FL 33134

**Current Mailing Address:**

15 HIGHVIEW ROAD  
DARIEN, CT 06820 US

**FEI Number:** 81-2751659

**Certificate of Status Desired:** No

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

MCINTIRE, JOHN  
2334 PONCE DE LEON BLVD, SUITE 700  
CORAL GABLES, FL 33134 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            AUTHORIZED REPRESENTATIVE  
Name            MCINTIRE , JOHN  
Address        15 HIGHVIEW ROAD  
City-State-Zip: DARIEN CT 06820

*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:** JOHN C MCINTIRE

**CFO**

**02/21/2024**

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

\_\_\_\_\_  
Date