## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000218497

Entity Name: SCHAIDE LLC

**Current Principal Place of Business:** 

5792 SE FOREST HAVEN LN PORT ORCHARD. WA 98366

**Current Mailing Address:** 

5792 SE FOREST HAVEN LN PORT ORCHARD. WA 98366 US

FEI Number: 81-4759832 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USMAN, MODIBO Y 11849 TEMPLETON ROAD JACKSONVILLE, FL 32258 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:

Name

Electronic Signature of Registered Agent

Date

**FILED** Feb 03, 2023

**Secretary of State** 

6072096139CC

Authorized Person(s) Detail:

Title MGR

> USMAN, MODIBO Y Name USMAN, ANANDA E

Title

MGR

5792 SE FOREST HAVEN LN Address 5792 SE FOREST HAVEN LN Address City-State-Zip: PORT ORCHARD WA 98366 City-State-Zip: PORT ORCHARD WA 98366

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MODIBO USMAN

02/03/2023 **MANAGER** 

Date