

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022340

**Entity Name:** NW 44TH AVE TRIANGLE LLC

**Current Principal Place of Business:**

5150 NORTHWEST 160TH STREET  
REDDICK, FL 32686

**Current Mailing Address:**

POST OFFICE BOX 129  
REDDICK, FL 32686 US

**FEI Number:** 81-5115811

**Certificate of Status Desired:** No

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

MUTARELLI, RICHARD JR  
328 NE 1ST AVE  
SUITE 100  
OCALA, FL 34478 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	MGR	Title	AUTHORIZED MEMBER
Name	JONES, TONI B	Name	JONES, R DALYN
Address	5150 NORTHWEST 160TH STREET	Address	POST OFFICE BOX 129
City-State-Zip:	REDDICK FL 32686	City-State-Zip:	REDDICK FL 32686

*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:** TONI B JONES

**MGR**

**04/11/2024**

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

\_\_\_\_\_  
Date