

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000173536

**Entity Name:** CHRISTENSEN FAMILY I, LLC

**Current Principal Place of Business:**

8815 CONROY-WINDERMERE RD.  
#415  
ORLANDO, FL 32835

**Current Mailing Address:**

8815 CONROY-WINDERMERE RD.  
#415  
ORLANDO, FL 32835 US

**FEI Number:** 59-3282162

**Certificate of Status Desired:** No

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

DILL, SUSAN A  
8815 CONROY-WINDERMERE RD.  
#415  
ORLANDO, FL 32835 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           MANAGER  
Name           DILL, SUSAN A  
Address        8815 CONROY-WINDERMERE RD.  
                  #415  
City-State-Zip: ORLANDO FL 32835

*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:** SUSAN DILL

**REGISTERED AGENT**

**02/11/2024**

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

\_\_\_\_\_  
Date