

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000072022

**Entity Name:** 4900 SW 91ST LLC

**Current Principal Place of Business:**

5055 SW 91ST TER APT 301  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5055 SW 91ST TER APT 301  
GAINESVILLE, FL 32608 US

**FEI Number:** 83-2012540

**Certificate of Status Desired:** No

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

GOGAN, DON  
5055 SW 91ST TER APT 301  
GAINESVILLE, FL 32608 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  
Name GOGAN, DON  
Address 5055 SW 91ST TER APT 301  
City-State-Zip: GAINESVILLE FL 32608

*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:** DON GOGAN

MGR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date