## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000258159

Entity Name: MELACH, LLC

**Current Principal Place of Business:** 

3472 OAKMONT ESTATES BLVD WELLINGTON, FL 33414

**Current Mailing Address:** 

3472 OAKMONT ESTATES BLVD WELLINGTON. FL 33414 US

FEI Number: 83-2464523 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASPER, LOUISE 3472 OAKMONT ESTATES BLVD WELLINGTON, FL 33414 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

**FILED** Apr 30, 2024

**Secretary of State** 

6814281201CC

Authorized Person(s) Detail:

Title MGR

Title

CASPER, LOUISE Name CASPER, DENNIS Name

Address 3472 OAKMONT ESTATES BLVD Address 3472 OAKMONT ESTATES BLVD

Address

**AMBR** 

City-State-Zip: WELLINGTON FL 33414 WELLINGTON FL 33414 City-State-Zip:

Title MGR Title MGR

Name SCHIMEL, BARRY **ELINOR SCHIMEL REVOCABLE** Name

TRUST

14803 HALTER ROAD Address 14803 HALTER ROAD WELLINGTON FL 33414 City-State-Zip:

City-State-Zip: WELLINGTON FL 33414

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.

04/30/2024 SIGNATURE: LOUISE CASPER MANAGING PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

Date