

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000093893

**Entity Name:** FEDOR & FEDOR, PLLC

**Current Principal Place of Business:**

475 W TOWN PL  
SUITE 205C  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

475 W TOWN PL  
SUITE 205C  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 83-4364645

**Certificate of Status Desired:** No

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

FEDOR, CHRISTOPHER M  
4116 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 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 AMBR  
Name FEDOR, CHRISTOPHER M  
Address 1963 RIVER LAGOON TRACE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title AMBR  
Name FEDOR, SUSAN D  
Address 1963 RIVER LAGOON TRACE  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** CHRISTOPHER FEDOR

AMBR

01/18/2024

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

\_\_\_\_\_  
Date