

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000153563

**Entity Name:** 7024 FALCONS GLEN LLC

**Current Principal Place of Business:**

7024 FALCONS GLEN  
NAPLES, FL 34113

**Current Mailing Address:**

21797 BOSCHOME DR.  
KILDEER, IL 60047 US

**FEI Number:** 84-2188312

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N, STE 300  
ST. PETERSBURG, FL 33702 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	MGR
Name	SHEAHEN, THOMAS	Name	SHEAHEN, LAURA C
Address	21797 BOSCHOME DR.	Address	21797 BOSCHOME DR.
City-State-Zip:	KILDEER IL 60047	City-State-Zip:	KILDEER IL 60047

*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:** THOMAS SHEAHEN

**MANAGER**

**02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date