

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214570

**Entity Name:** 6304 PARTNERS LLC

**Current Principal Place of Business:**

12245 TRADITION DR  
DADE CITY, FL 33525

**Current Mailing Address:**

12245 TRADITION DR  
DADE CITY, FL 33525 US

**FEI Number:** 84-2915365

**Certificate of Status Desired:** No

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

ANZALONE, LAWRENCE  
3225 S MAC DILL AVE #342  
TAMPA, FL 33629 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 ANZALONE, LAWRENCE  
Address 12245 TRADITION DR  
City-State-Zip: DADE CITY FL 33525

Title MGR  
Name PERRI-ANZALONE, SHERRY  
Address 12245 TRADITION DR  
City-State-Zip: DADE CITY FL 33525

Title MGR  
Name DORSEY, JARED  
Address 12245 TRADITION DR  
City-State-Zip: DADE CITY FL 33525

*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:** LAWRENCE ANZALONE

AMBR

01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date