

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000226574

Entity Name: MARY LOWEN LLC

Current Principal Place of Business:

104 RAINTREE DR
LONGWOOD, FL 32779

Current Mailing Address:

104 RAINTREE DR
LONGWOOD, FL 32779 US

FEI Number: 84-3195598

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, MARSHALL S
2443 VIA SIENNA AVENUE
WINTER PARK, FL 32789 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 LOWEN, MARY
Address 104 RAINTREE DR
City-State-Zip: LONGWOOD FL 32779

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: MARY LOWEN

AMBR

03/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date