

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000266454

**Entity Name:** HILLSIDE LANE, LLC

**Current Principal Place of Business:**

7603 CYPRESS KNOLL DR  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

7603 CYPRESS KNOLL DR  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 84-3676080

**Certificate of Status Desired:** No

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

MAXEY, JANET T  
7603 CYPRESS KNOLL DR  
NEW PORT RICHEY, FL 34653 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:** JANET T. MAXEY

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MAXEY, JANET T  
Address 7603 CYPRESS KNOLL  
City-State-Zip: NEW PORT RICHEY FL 34653

Title AMBR  
Name BARRON, GAIL M  
Address 804 CATHY LANE  
City-State-Zip: CARDIFF CA 92024

*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:** GAIL M BARRON

AMBR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date