

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000292867

**Entity Name:** LLMAKA19 LLC

**Current Principal Place of Business:**

510 COX ROAD  
ORLANDO, FL 32833

**Current Mailing Address:**

510 COX ROAD  
SUITE 730  
ORLANDO, FL 32833 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AM&E SERVICES LLC  
605 E ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 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  
Name POLI, MARGARET L  
Address 510 COX ROAD  
City-State-Zip: ORLANDO FL 32833

Title AMBR  
Name POLI, LANCE S  
Address 528 COX ROAD  
City-State-Zip: ORLANDO FL 32833

Title AMBR  
Name POLI, MELVIN L  
Address 401 TAYLORVILLE STREET  
City-State-Zip: DELTONA FL 32725

Title AMBR  
Name MURAT, ANGELA D  
Address 2207 LEXFORD LANE  
City-State-Zip: HOUSTON TX 77080

Title AMBR  
Name COX, KRISTI R  
Address 1015 ORIOLE CIRCLE  
City-State-Zip: SEBASTIAN FL 32976

Title AMBR  
Name COX, ABBY J  
Address 3635 CHEVELLE DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** MARGARET L POLI

**MGR**

**02/13/2023**

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

\_\_\_\_\_  
Date