

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000004718

**Entity Name:** 5804 AUTUMN SHIRE DR., L.L.C.

**Current Principal Place of Business:**

5045 RONNOCH BLVD  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

PO BOX 17331  
TAMPA, FL 33682

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VALDES, JOAN Q  
5045 RONNOCH BLVD  
WESLEY CHAPEL, FL 33543 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 VALDES, JOAN Q  
Address PO BOX 17331  
City-State-Zip: TAMPA FL 33543

Title MGR  
Name VALDES, JOAN Q  
Address PO BOX 17331  
City-State-Zip: TAMPA FL 33543

Title MGR  
Name VALDES JR, ARTHUR Q  
Address PO BOX 17331  
City-State-Zip: TAMPA FL 33543

Title AMBR  
Name VALDES JR, ARTHUR Q  
Address PO BOX 17331  
City-State-Zip: TAMPA FL 33543

*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:** JOAN VALDES

**DIRECTOR**

**04/20/2024**

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

\_\_\_\_\_  
Date