

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000307374

Entity Name: ALLIGATOR APPLICATIONS LLC**Current Principal Place of Business:**400 SHAWN AVE
WILDWOOD, FL 34785**Current Mailing Address:**400 SHAWN AVE
WILDWOOD, FL 34785 US**FEI Number:** 85-3485267**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SULLIVAN, PATRICK A
400 SHAWN AVE
WILDWOOD, FL 34785 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:** PATRICK A SULLIVAN

02/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HAUSKINS-KAPLAN, KYLE B
Address 10171 SW BROOKGREEN DR
City-State-Zip: PORT SAINT LUCIE FL 34987

Title AMBR
Name SULLIVAN, PATRICK A
Address 400 SHAWN AVE
City-State-Zip: WILDWOOD FL 34785

Title AMBR
Name KARUNAS, KOWIT
Address 30 NE 124TH TER
City-State-Zip: NORTH MIAMI FL 33161

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: PATRICK A SULLIVAN

PARTNER

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date