

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000329117

**Entity Name:** 4810 W MCELROY AVENUE UNIT 26 LLC

**Current Principal Place of Business:**

4813 CULBREATH ISLES WAY  
TAMPA, FL 33629

**Current Mailing Address:**

4813 CULBREATH ISLES WAY  
TAMPA, FL 33629

**FEI Number:** 85-3768704

**Certificate of Status Desired:** No

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

DASSANI, GITA  
4813 CULBREATH ISLES WAY  
TAMPA, FL 33629 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 MEMBER  
Name EDWARD, FABELO II  
Address 4813 CULBREATH ISLES WAY  
City-State-Zip: TAMPA FL 33629

Title MEMBER  
Name DASSANI, NEHAL S  
Address 4813 CULBREATH ISLES WAY  
City-State-Zip: TAMPA FL 33629

Title MEMBER & MANAGER  
Name DASSANI, GITA  
Address 4813 CULBREATH ISLES WAY  
City-State-Zip: TAMPA FL 33629

Title MEMBER  
Name CORDOBA-FABELO, MARTHA  
Address 4813 CULBREATH ISLES WAY  
City-State-Zip: TAMPA FL 33629

*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:** GITA DASSANI

**MBR**

**03/28/2024**

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

\_\_\_\_\_  
Date