

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000358871

**Entity Name:** 5933 PENNSYLVANIA AVENUE, LLC

**Current Principal Place of Business:**

4940 GALLEON CT  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

PO BOX 3225  
HOLIDAY, FL 34692

**FEI Number:** 85-4130189

**Certificate of Status Desired:** No

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

HANDRINOS, CHRYSOSTOMOS  
4940 GALLEON CT  
NEW PORT RICHEY, FL 34652 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:** CHRYSOSTOMOS HANDRINOS

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HANDRINOS, CHRYSOSTOMOS  
Address 4940 GALLEON CT  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AUTHORIZED REPRESENTATIVE  
Name ALBALA, ROBYN  
Address 4940 GALLEON CT  
City-State-Zip: NEW PORT RICHEY FL 34652

*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:** CHRYSOSTOMOS HANDRINOS

MANAGER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date