

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000026974

**Entity Name:** THE CEDAR ROOM, LLC

**Current Principal Place of Business:**

1135 NEW YORK AVENUE  
ST. CLOUD, FL 34769

**Current Mailing Address:**

3191 TURRET BAY CT  
KISSIMMEE, FL 34743 US

**FEI Number:** 86-1448857

**Certificate of Status Desired:** No

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

CAMACHO, DAVID M  
3191 TURRET BAY CT  
KISSIMMEE, FL 34743 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 AUTHORIZED MEMBER  
Name CAMACHO, DAVID M  
Address 3191 TURRET BAY CT  
City-State-Zip: KISSIMMEE FL 34743

Title AUTHORIZED MEMBER  
Name CAMACHO, JULIO E  
Address 5562 BAKEWELL PL  
City-State-Zip: SAINT CLOUD FL 34771

Title AUTHORIZED MEMBER  
Name QUEZADA, MANUEL  
Address 4365 KISSIMMEE PARK RD  
City-State-Zip: ST CLOUD FL 34772

Title AUTHORIZED MEMBER  
Name QUEZADA, GABRIEL  
Address 4369 KISSIMMEE PARK RD  
City-State-Zip: ST CLOUD FL 34772

*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:** DAVID CAMACHO

**AUTHORIZED MEMBER**

**02/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date