

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000086587

**Entity Name:** N5924F LLC

**Current Principal Place of Business:**

3715 W. MALORY CT  
COCOA, FL 32926

**Current Mailing Address:**

3715 W. MALORY CT  
COCOA, FL 32926 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GRAVES, STEVEN J  
3715 W. MALORY  
COCOA, FL 32926 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 GOBER, IAN  
Address 2904 SLIPPERY ROCK DR  
City-State-Zip: COCOA FL 32926

Title AMBR  
Name ROCCATANI, DANTE  
Address 920 E CRISAFULLI RD  
City-State-Zip: MERRIT ISLAND FL 32953

Title AMBR  
Name OSBORN, BRYAN  
Address 2605 COLUMBIA BLVD APT#1412  
City-State-Zip: TITUSVILLE FL 32780

Title AUTHORIZED MEMBER  
Name GRAVES, STEVEN JOHN  
Address 3715 W. MALORY CT  
City-State-Zip: COCOA FL 32926

*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:** STEVEN JOHN GRAVES

AMBR

04/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date