

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000094334

**Entity Name:** 524 SW2CT, LLC

**Current Principal Place of Business:**

14037 WEEPING CHERRY DR  
ROCKVILLE, MD 33060

**Current Mailing Address:**

14037 WEEPING CHERRY DR.  
ROCKVILLE, MD 20850 US

**FEI Number:** 21-5764894

**Certificate of Status Desired:** No

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

WILLIS, PAUL M  
902 NE 1 STREET #6  
POMPANO BEACH, FL 33060 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 MGR  
Name LEWANDDOWSKI, CHARLES  
Address 14037 WEEPING CHERRY DR.  
City-State-Zip: ROCKVILLE MD 20850

Title AMBR  
Name VERA L LEWANDOWSKI REV. TRUST  
DATED 4-21-2003  
Address 14037 WEEPING CHERRY DR.  
City-State-Zip: ROCKVILLE MD 20850

*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:** CHARLES LEWANDOWSKI

MANGER

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date