## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000313311

Entity Name: THE LOFT AT REGAL LLC

**Current Principal Place of Business:** 

582 NW UNIVERSITY BLVD SUITE 450

PORT SAINT LUCIE, FL 34986

**Current Mailing Address:** 

582 NW UNIVERSITY BLVD SUITE 450

PORT SAINT LUCIE, FL 34986 UN

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGAL EVENT HALL 582 NW UNIVERSITY BLVD, SUITE 350 PORT SAINT LUCIE, FL 34986 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

**FILED** Mar 07, 2024

**Secretary of State** 

3880102319CC

## Authorized Person(s) Detail:

Title

Name JEFFERSON, ANGELICA 582 NW UNIVERSITY BLVD, Address

SUITE 450

City-State-Zip: PORT SAINT LUCIE 34953

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: ANGELICA JEFFERSON **MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

03/07/2024