

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000340597

**Entity Name:** 2811 S PINES DRIVE UNIT 19 LLC

**Current Principal Place of Business:**

10930 ENDEAVOUR WAY STE E  
SEMINOLE, FL 33777

**Current Mailing Address:**

10930 ENDEAVOUR WAY STE E  
SEMINOLE, FL 33777 US

**FEI Number:** 87-1917837

**Certificate of Status Desired:** No

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

CHIARAVALLO, MATTHEW  
10930 ENDEAVOUR WAY STE E  
SEMINOLE, FL 33777 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 CHIARAVALLO, MATTHEW  
Address 10930 ENDEAVOUR WAY STE E  
City-State-Zip: SEMINOLE FL 33777

Title AMBR  
Name MAKRILOS, MICHAEL  
Address 10930 ENDEAVOUR WAY STE E  
City-State-Zip: SEMINOLE FL 33777

*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:** MATTHEW CHIARAVALLO

**OWNER**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date