

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000346950

Entity Name: CHRISTINA ASSAD, LLC

Current Principal Place of Business:

4926 W. BAY WAY PLACE
TAMPA, FL 33629

Current Mailing Address:

PO BOX 18584
TAMPA, FL 33679 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEHLE, GERARD F JR
6987 EAST FOWLER AVENUE
TAMPA, FL 33617 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 ASSAD, CHRISTINA M
Address PO BOX 18584
City-State-Zip: TAMPA FL 33679

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: CHRISTINA M. ASSAD

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date