

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000375704

Entity Name: 2504 MAGDALINA LLC

Current Principal Place of Business:

1151 26TH AVE SW
CEDAR RAPIDS, IA 52404

Current Mailing Address:

1151 26TH AVE SW
CEDAR RAPIDS, IA 52404 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTER, KYLE D
545 WABASH TERRACE
PORT CHARLOTTE, FL 33954 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 PORTER, KYLE D
Address 545 WABASH TERRACE
City-State-Zip: PORT CHARLOTTE FL 33954

Title MGR
Name PORTER, KYLE D
Address F
City-State-Zip: F F F

Title F
Name F, F F
Address F
City-State-Zip: F F F

Title F
Name F, F F
Address F
City-State-Zip: F F F

Title F
Name F, F F
Address F
City-State-Zip: F F F

Title F
Name F, F F
Address F
City-State-Zip: F F F

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: KYLE PORTER

MGR

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date