

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000375704

**Entity Name:** 2504 MAGDALINA LLC

**Current Principal Place of Business:**

545 WABASH TERRACE  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

545 WABASH TERRACE  
PORT CHARLOTTE, FL 33954

**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**

**02/07/2023**

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

\_\_\_\_\_  
Date