

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000398720

**Entity Name:** COMMUNITY CURATIONS LLC

**Current Principal Place of Business:**

1969 S ALAFAYA TRAIL  
PMB #237  
ORLANDO, FL 32828

**Current Mailing Address:**

1969 S ALAFAYA TRAIL  
PMB #237  
ORLANDO, FL 32828 UN

**FEI Number:** 87-2837830

**Certificate of Status Desired:** Yes

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

PRINE, SHALONI  
12607 COUNTRY MEADOW CT  
ORLANDO, FL 32828 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 AR  
Name PRINE, SHALONI  
Address 12607 COUNTRY MEADOW CT  
City-State-Zip: ORLANDO FL 32828

*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:** SHALONI PRINE

**OWNER**

**03/28/2024**

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

\_\_\_\_\_  
Date