

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000401400

**Entity Name:** DRILO'S DEN, LLC

**Current Principal Place of Business:**

1255 BELLE AVE.  
166  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

PO BOX 533705  
ORLANDO, FL 32853 US

**FEI Number:** 87-2604923

**Certificate of Status Desired:** No

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

TORRES, JUAN  
1820 WATERBEACH CT.  
APOPKA, FL 32703 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	Title	AMBR
Name	TORRES, JUAN	Name	CHADWICK, ADAM
Address	1820 WATERBEACH CT.	Address	1419 MOUNT VERNON ST
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	ORLANDO FL 32803

*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:** ADAM CHADWICK

AMBR

04/05/2023

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

\_\_\_\_\_  
Date