

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000410297

**Entity Name:** BANK-ASSIST OF FLORIDA, LLC

**Current Principal Place of Business:**

871 DARWIN RD  
VENICE, FL 34923

**Current Mailing Address:**

PO BOX 1014  
VENICE, FL 34284 US

**FEI Number: 87-2838389**

**Certificate of Status Desired: No**

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

LEVINE, CATHLEEN M  
871 DARWIN RD  
VENICE, FL 34293 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  
Name            LEVINE, CATHLEEN M  
Address        871 DARWIN RD  
City-State-Zip: VENICE FL 34293

*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: CATHLEEN M LEVINE**

**AMBR**

**02/10/2024**

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

\_\_\_\_\_  
Date