

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000484456

Entity Name: 6 T H A V E, LLC

Current Principal Place of Business:

3500 POSNER BLVD
#1147
DAVENPORT , FL 33837

Current Mailing Address:

3500 POSNER BLVD
#1147
DAVENPORT , FL 33837 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 BURGESS, TYREL
Address 993 BATES RD
City-State-Zip: HAINES CITY FL 33844

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: TYREL BURGESS

CEO

03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date