

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000532693

Entity Name: FALLSCREST LLC

Current Principal Place of Business:

3845 FALLSCREST CIRCLE
CLERMONT, FL 34711

Current Mailing Address:

4327 S. HIGHWAY 27
#423
CLERMONT, FL 34711

FEI Number: 87-4392622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARQUHARSON, SUNITA T
3845 FALLSCREST CIRCLE
CLERMONT, FL 34711 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 MANAGER
Name FARQUHARSON, SUNITA
Address 3845 FALLSCREST CIRCLE
City-State-Zip: CLERMONT FL

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: SUNITA FARQUHARSON

MANAGER

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date