

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000095669

Entity Name: 419 CONVENIENCE HAINES CITY LLC

Current Principal Place of Business:

740 WEST MAIN STREET
STE 2 BUILDING 1
HAINES CITY, FL 33844

Current Mailing Address:

740 WEST MAIN STREET
BUILDING 1 SUITE 2
HAINES CITY, FL 33844 US

FEI Number: 88-0984576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LICATA, ROBERT E
740 WEST MAIN STREET
BUILDING 1 SUITE 2
HAINES CITY, FL 33844 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 LICATA, ROBERT E
Address 740 WEST MAIN STREET
BUILDING 1 SUITE 2
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY
Name FUENTES, WANDA L
Address 740 WEST MAIN STREET
BUILDING 1 SUITE 2
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: FUENTES , WANDA L

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04/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date