

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000202804

**Entity Name:** MAHI 1029, LLC

**Current Principal Place of Business:**

2222 WILLOW DRIVE, BUILDING F # 78  
LIVINGSTON, MT 59047

**Current Mailing Address:**

16120 SW 74TH CT  
PALMETTO BAY, FL 33157 US

**FEI Number:** 88-2631209

**Certificate of Status Desired:** No

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

ALTEMUS, PHILIP  
16120 SW 74TH CT  
PALMETTO BAY, FL 33157 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 ALTEMUS, PHILIP  
Address 16120 SW 74TH CT  
City-State-Zip: PALMETTO BAY FL 33157

Title AMBR  
Name ALTEMUS, ALEXANDRA  
Address 16120 SW 74TH CT  
City-State-Zip: PALMETTO BAY FL 33157

Title AMBR  
Name HOWELL, SAMANTHA  
Address 16120 SW 74TH CT  
City-State-Zip: PALMETTO BAY FL 33157

Title AMBR  
Name HOWELL, STEPHEN  
Address 16120 SW 74TH CT  
City-State-Zip: PALMETTO BAY FL 33157

*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:** ALEXANDRA ALTEMUS

AMBR

01/17/2025

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

\_\_\_\_\_ Date