

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000213612

**Entity Name:** TEN TENTHS HOLDING, LLC

**Current Principal Place of Business:**

2010 HARCOURT PL  
ODESSA, FL 33556

**Current Mailing Address:**

2010 HARCOURT PLACE  
ODESSA, FL 33556 US

**FEI Number: 99-2091846**

**Certificate of Status Desired: No**

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

COASTAL TAX PARTNERS, LLC  
1591 MAIN ST  
DUNEDIN, FL 34698 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 ELROM, JONATHAN  
Address 2010 HARCOURT PLACE  
City-State-Zip: ODESSA FL 33556

Title AMBR  
Name SCOTT, WILLIAM  
Address 2010 HARCOURT PLACE  
City-State-Zip: ODESSA FL 33556

Title MGR  
Name SCOTT, ERIK  
Address 2010 HARCOURT PLACE  
City-State-Zip: ODESSA FL 33556

Title MGR  
Name SCOTT, CHRISTOPHER  
Address 2010 HARCOURT PLACE  
City-State-Zip: ODESSA FL 33556

Title MGR  
Name DILLON, KALON  
Address 2010 HARCOURT PLACE  
City-State-Zip: ODESSA FL 33556

*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: CHRISTOPHER SCOTT**

**MGR**

**03/25/2024**

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

\_\_\_\_\_  
Date