

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000224218

Entity Name: FULLYEQUIPPED416 LLC

Current Principal Place of Business:

1518 SE CLEARMONT ST
PORT ST LUCIE, FL 34983

Current Mailing Address:

1518 SE CLEARMONT ST
PORT ST LUCIE, FL 34983

FEI Number: 88-2497607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST PETERSBURG, FL 33702 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 TAIBBI, NOELL
Address 1518 SE CLEARMONT ST
City-State-Zip: PORT ST LUCIE FL 34983

Title AMBR
Name TAIBBI, KENNETH
Address 1518 SE CLEARMONT ST
City-State-Zip: PORT ST LUCIE FL 34983

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: NOELL TAIBBI

MEMBER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date