

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000258408

**Entity Name:** MY FLIP PROJECT LLC

**Current Principal Place of Business:**

10244 ANDOVER POINT CIRCLE  
ORLANDO, FL 32825

**Current Mailing Address:**

10244 ANDOVER POINT CIRCLE  
ORLANDO, FL 32825

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SOSTRE DURAN, RAQUEL  
10244 ANDOVER POINT CIRCLE  
ORLANDO, FL 32825 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 MGR  
Name SOSTRE DURAN, RAQUEL  
Address 10244 ANDOVER POINT CIRCLE  
City-State-Zip: ORLANDO FL 32825

*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:** RAQUEL SOSTRE DURAN

MGR

03/25/2024

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

\_\_\_\_\_ Date