

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000308269

Entity Name: 620 ORCHID DR, LLC

Current Principal Place of Business:

409 CYPRESS WAY E
NAPLES, FL 34110

Current Mailing Address:

MOHNWEG 25
50858 KOLN, DE DE

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF CONRAD WILLKOMM, P.A.
3201 TAMiami TRAIL N, 2ND FLOOR
NAPLES, FL 34103 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 THOMAS FENSTERMACHER
Address MOHNWEG 25
City-State-Zip: 50858 KOLN DE

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: THOMAS FENSTERMACHER

MGR

03/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date