

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000527869

**Entity Name:** 1104 HIGHLAND BEACH B, LLC

**Current Principal Place of Business:**

1104 HIGHLAND BEACH DRIVE, UNIT B  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

5 BEACHWAY NORTH  
OCEAN RIDGE, FL 33435 US

**FEI Number:** 92-1418598

**Certificate of Status Desired:** No

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

THE LAW OFFICE OF PAUL A. KRASKER, P.A.  
1615 FORUM PLACE, 5TH FLOOR  
WEST PALM BEACH, FL 33401 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 SANTOMAURO, JONATHAN  
Address 5 BEACHWAY NORTH  
City-State-Zip: OCEAN RIDGE FL 33435

Title MGR  
Name SANTOMAURO, LAURA  
Address 5 BEACHWAY NORTH  
City-State-Zip: OCEAN RIDGE FL 33435

Title MGR  
Name SANTOMAURO, JOANNE  
Address 300 CATHCART ROAD  
City-State-Zip: GWYNEDD VALLEY PA 19437

Title MGR  
Name SANTOMAURO, FRANK  
Address 300 CATHCART ROAD  
City-State-Zip: GWYNEDD VALLEY PA 19437

*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:** SANTOMAURO , JONATHAN

**MANAGER**

**04/27/2024**

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

\_\_\_\_\_  
Date