

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000535345

Entity Name: THEATREFOR LLC**Current Principal Place of Business:**1863 N HIGHLAND AVE
CLEARWATER, FL 33755**Current Mailing Address:**1863 N HIGHLAND AVE
CLEARWATER, FL 33755 US**FEI Number:** 92-1514313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, GRAHAM
2056 N POINTE ALEXIS DR
TARPON SPRINGS, FL 34689 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 JONES, GRAHAM
Address 2056 N POINTE ALEXIS DR
City-State-Zip: TARPON SPRINGS FL 34689

Title AMBR
Name ESPOSITO, DOLORES
Address 2056 N POINTE ALEXIS DR
City-State-Zip: TARPON SPRINGS FL 34689

Title AMBR
Name DEARDEN, SUSAN
Address 2057 N KEENE RD
City-State-Zip: CLEARWATER FL 33755

Title AMBR
Name BELL, STEPHEN
Address 3016 SARAH DR.
City-State-Zip: CLEARWATER FL 33759

Title AMBR
Name WALCOTT, EDWARD
Address 15876 PARKERS GROVE RD.
City-State-Zip: CRITTENDON KY 41030

Title AMBR
Name COTE, MICHAEL PAUL
Address 2057 N. KEENE RD
City-State-Zip: CLEARWATER FL 33755-1372

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: SUSAN LEE DEARDEN**TREASURER****02/20/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date