

**2024 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

*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:** GRAHAM JONES**MEMBER****02/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date