

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000270724

Entity Name: CYPRESS SHADE LLC

Current Principal Place of Business:

11 KEEWAYDIN DRIVE
SALEM, NH 03079

Current Mailing Address:

11 KEEWAYDIN DRIVE
SALEM, NH 03079 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER, AUTHORIZED
 REPRESENTATIVE
Name SOMMER, MELANIE S
Address 11 KEEWAYDIN DRIVE
City-State-Zip: SALEM NH 03079

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: MELANIE S. SOMMER

MANAGER

04/19/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date