

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000296341

**Entity Name:** 355 SOUTH CANIS DRIVE LLC

**Current Principal Place of Business:**

355 S. CANIS DR.  
ORANGE PARK, FL 32073

**Current Mailing Address:**

PO BOX 440189  
JACKSONVILLE, FL 32222

**FEI Number:** 99-1882985

**Certificate of Status Desired:** Yes

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

KEEVER LAW, PLLC  
301 W. BAY STREET  
SUITE 1492  
JACKSONVILLE, FL 32202 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 AR  
Name KEEVER, CHRISTOPHER  
Address 301 W. BAY STREET, SUITE 1492  
City-State-Zip: JACKSONVILLE FL 32202

Title AMBR  
Name CAMPOS-GATELL, FRANK  
Address PO BOX 440189  
City-State-Zip: JACKSONVILLE FL 32222

Title AMBR  
Name CAMPOS, FRANK L  
Address PO BOX 440189  
City-State-Zip: JACKSONVILLE FL 32222

Title S  
Name CAMPOS, KEVIN  
Address PO BOX 440189  
City-State-Zip: JACKSONVILLE FL 32222

*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:** FRANK CAMPOS GATELL

AMBR

04/24/2024

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

\_\_\_\_\_  
Date