

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000372788

**Entity Name:** BYRDZ LLC

**Current Principal Place of Business:**

5821 MARTA DRIVE  
TAMPA, FL 33617

**Current Mailing Address:**

PO BOX 291448  
TEMPLE TERRACE, FL 33687 US

**FEI Number:** 93-3804159

**Certificate of Status Desired:** No

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

BYRD, MARCUS S  
UNIT 104  
TEMPLE TERRACE, FL 33637 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 BYRD, MARCUS S  
Address PO BOX 291448  
City-State-Zip: TEMPLE TERRACE FL 33687

Title AMBR  
Name WRIGHT, SHIKINA V  
Address PO BOX 291448  
City-State-Zip: TEMPLE TERRACE FL 33687

*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:** BYRD, MARCUS S

**MANGER**

**03/01/2024**

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

\_\_\_\_\_  
Date