

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000392665

**Entity Name:** 23584 NW MALLARD AVE, LLC

**Current Principal Place of Business:**

4400 WEST HIGHWAY 318  
CITRA, FL 32113

**Current Mailing Address:**

4400 WEST HIGHWAY 318  
CITRA, FL 32113

**FEI Number:** 93-3136981

**Certificate of Status Desired:** No

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

PETERSEN, JUSTIN C  
4400 WEST HIGHWAY 318  
CITRA, FL 32113 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	Title	MGR
Name	PETERSEN, JUSTIN C	Name	PETERSEN, KAREN A
Address	4400 WEST HIGHWAY 318	Address	4400 WEST HIGHWAY 318
City-State-Zip:	CITRA FL 32113	City-State-Zip:	CITRA FL 32113

*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:** JUSTIN PETERSEN

**MANAGER**

**02/20/2024**

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

\_\_\_\_\_  
Date