

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000414154

**Entity Name:** FLEITAS RESTORATION, LLC

**Current Principal Place of Business:**

10565 24TH ST  
LIVE OAK, FL 32060

**Current Mailing Address:**

10565 24TH ST  
LIVE OAK, FL 32060 US

**FEI Number:** 93-3632951

**Certificate of Status Desired:** No

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

FLEITAS, MARTIN  
10565 24TH ST  
LIVE OAK, FL 32060 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            FLEITAS, MARTIN  
Address        10565 24TH ST  
City-State-Zip: LIVE OAK FL 32060

Title            AMBR  
Name            SHOWERS, AMY  
Address        10565 24 ST  
City-State-Zip: LIVE OAK FL 32060

*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:** MARTIN FLEITAS

AMBR

09/11/2024

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

\_\_\_\_\_  
Date