

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000445848

**Entity Name:** 6519 VALEROSA CT UNIT 8 LLC

**Current Principal Place of Business:**

6519 VALEROSA CT  
UNIT 8  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

11 BELMAR LANCE  
COMMACK, NY 11725 US

**FEI Number:** 93-3636782

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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            BARLAS, OZAIR  
Address        11 BELMAR LANE  
City-State-Zip: COMMACK NY 11725

Title            AMBR  
Name            ZEEJAH, NADIA  
Address        309 VIRGINIA AVE  
City-State-Zip: OCEANSIDE NY 11572

Title            AMBR  
Name            BARLAS, OMAR  
Address        7413 DANA LANE  
City-State-Zip: NORTH RICHLAND HILLS TX 76182

*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:** OZAIR BARLAS

**MEMBER**

**04/29/2024**

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

\_\_\_\_\_  
Date