

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000499113

**Entity Name:** REMDEN, LLC

**Current Principal Place of Business:**

11070 COBBLEFIELD RD.  
WELLINGTON, FL 33449

**Current Mailing Address:**

11070 COBBLEFIELD RD.  
WELLINGTON, FL 33449

**FEI Number:** 93-4563715

**Certificate of Status Desired:** Yes

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

REMER, SCOTT  
11070 COBBLEFIELD RD.  
WELLINGTON, FL 33449 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	Title	AMBR
Name	REMER, SCOTT	Name	REMER, CHERYL
Address	11070 COBBLEFIELD RD.	Address	11070 COBBLEFIELD RD.
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

*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:** SCOTT REMER

AMBR

02/07/2024

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

\_\_\_\_\_ Date