

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000505102

**Entity Name:** CODFATHERS LLC

**Current Principal Place of Business:**

14841 MAIN ST  
ALACHUA, FL 32615

**Current Mailing Address:**

14841 MAIN ST  
ALACHUA, FL 32615 US

**FEI Number:** 59-4523555

**Certificate of Status Desired:** No

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

MALZAHN, TARA  
317 SW CABOOSE DR  
FORT WHITE, FL 32038 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	MALZAHN, TARA	Name	MALZAHN, CRAIG
Address	14841 MAIN ST	Address	14841 MAIN ST
City-State-Zip:	ALACHUA FL 32615	City-State-Zip:	ALACHUA FL 32615

*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:** CRAIG MALZAHN

AMBR

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date