#### **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000515152

Entity Name: FREEMIRE, LLC

Mar 05, 2024 Secretary of State 1900839663CC

**FILED** 

# **Current Principal Place of Business:**

8400 PULASKI DRIVE APT. 117

KISSIMMEE, FL 34747

# **Current Mailing Address:**

8400 PULASKI DRIVE APT. 117 KISSIMMEE, FL 34747

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FREEMIRE, AMY 8400 PULASKI DRIVE APT. 117 KISSIMMEE, FL 34747 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

Name AMY, FREEMIRE M

Address 8400 PULASKI DRIVE, APT. 117

City-State-Zip: KISSIMMEE FL 34747

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.