

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000602

Entity Name: ALTAMONTE APARTMENT ENTERPRISES, L.C.

Current Principal Place of Business:

500 SABAL PALM CIRCLE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

4221 N. BUFFALO ST.
BUSINESS DEPT
ORCHARD PARK, NY 14127

FEI Number: 59-3277058

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GACIOCH, WILLIAM T
15101 QUAILS BLUFF CIR
LAKE WALES, FL 33853 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 MGRM
Name GACIOCH, WILLIAM T
Address 4221 NORTH BUFFALO STREET
City-State-Zip: ORCHARD PARK NY 14127

Title MGRM
Name GACIOCH, DAVID W
Address 4221 NORTH BUFFALO STREET
City-State-Zip: ORCHARD PARK NY 14127

Title MGRM
Name GACIOCH, MICHAEL T
Address 4221 NORTH BUFFALO STREET
City-State-Zip: ORCHARD PARK NY 14127

Title MGRM
Name HANNON, KATHERINE A
Address 4221 NORTH BUFFALO STREET
City-State-Zip: ORCHARD PARK NY 14127

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: MICHAEL GACIOCH

MANAGER

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date