## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000103

Entity Name: 1 SOURCE TOWERS, LLC

**Current Principal Place of Business:** 

1936 OVERVIEW DRIVE NEW PORT RICHEY. FL 34655

**Current Mailing Address:** 

1936 OVERVIEW DRIVE

NEW PORT RICHEY. FL 34655 US

FEI Number: 45-4250502 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

MANAGER

**FILED** Apr 02, 2024

**Secretary of State** 

3507441452CC

Authorized Person(s) Detail:

Title MANAGER Title

ROGER, LAPERNA JUSTIN, DEHNERT Name Name

1936 OVERVIEW DRIVE 1936 OVERVIEW DRIVE Address Address

City-State-Zip: NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 City-State-Zip:

Title **MANAGER** Title MANAGER

Name BENJAMIN, CULLEN Name MANDEL, F. HOWARD Address 1936 OVERVIEW DRIVE Address 57 EAST WASHINGTON STREET

NEW PORT RICHEY FL 34655 City-State-Zip: CHAGRIN FALLS OH 44022 City-State-Zip:

Title MANAGER LEPENE. RYAN Name

Address 1936 OVERVIEW DRIVE

City-State-Zip: NEW PORT RICHEY FL 34655

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: CULLEN BENJAMIN **MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail

04/02/2024 Date