RI SOS Filing Number: 202331733930 Date: 3/24/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Climited Liability Company

- → Filing period: February 1 May 1
- → Filing Fee: \$50 00
- → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2 Exact name of the Limited Liability Com			<del></del>			
23L/9U	2. Exact name of the Limited Liability Com-	pany			•		
3. NATCS Code	4. Brief description of the character of business conducted in Rhode Island						
531110							
5. State of Formation	1						
FL	RENTAL REAL						
6. Principal Office Addre	SS	City		State	Ζip		
16326 GULF B			BEACH	FL.	33708		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Hagne Contact Title							
Street Address	out Buch	Brouns	for Por	State	zip33705		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and							
statements, and that all statements contained herein are true and correct.							
Name of Authorized Pers	0.11  (AVC)			Date 3	13/2023		
Signature of Authorized Person  MUN Signature							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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