

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000505803

**Entity Name:** 100 NORTH APTS LLC

**Current Principal Place of Business:**

10524 MOSS PARK ROAD STE 204-260  
ORLANDO, FL 32832

**Current Mailing Address:**

10524 MOSS PARK ROAD STE 204-260  
ORLANDO, FL 32832 US

**FEI Number:** 88-0799649

**Certificate of Status Desired:** No

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

MCNEIL, MYRON  
10524 MOSS PARK ROAD STE 204-260  
ORLANDO, FL 32832 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 DMMD HOLDINGS LLC  
Address 10524 MOSS PARK ROAD STE 204-260  
City-State-Zip: ORLANDO FL 32832

Title AUTHORIZED REPRESENTATIVE  
Name MCNEIL, MYRON  
Address 10524 MOSS PARK ROAD STE 204-260  
City-State-Zip: ORLANDO FL 32832

Title AUTHORIZED REPRESENTATIVE  
Name VELLON, DUAMEL  
Address 8563 ANDOVER BRIDGE CT  
City-State-Zip: ORLANDO FL 32829

*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:** MYRON MCNEIL

**MANAGER**

**02/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date