Authorized Person(s) Detail :	
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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.

Title	MGR		Title	MANAGER
Name	JOSSIM , KATHY	В	Name	JOSSIM, DOUGLAS P
Address	7587 WILSON BLVD.		Address	7587 WILSON BLVD.
City-State-Zip:	JACKSONVILLE FL 32210		City-State-Zip:	JACKSONVILLE FL 32210
Title	MANAGER			
Title Name	MANAGER MISKA, CHARLEE			

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: KATHY B JOSSIM

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: 45 BROADHURST, L.L.C.

7587 WILSON BLVD. JACKSONVILLE, FL 32210

## **Current Mailing Address:**

7587 WILSON BLVD. JACKSONVILLE, FL 32210

DOCUMENT# L01000014725

## FEI Number: 04-3704836

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JOSSIM, KATHY L 7587 WILSON BLVD. JACKSONVILLE, FL 32210 US

SIGNATURE:

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT
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## FILED Jun 21, 2021 Secretary of State 0332794140CC

Certificate of Status Desired: No

06/21/2021

**OWNER/MANAGER** 

Date

Date