

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020066

**Entity Name:** 2075 S., L.L.C.

**Current Principal Place of Business:**

1537 HILLCREST AVENUE  
WINTER PARK, FL 32789

**Current Mailing Address:**

1537 HILLCREST AVENUE  
WINTER PARK, FL 32789

**FEI Number:** 74-3084512

**Certificate of Status Desired:** No

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

ESTES, PATRICIA L  
1537 HILLCREST AVENUE  
WINTER PARK, FL 32789 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, PRESIDENT, ASST.  
TREASURER, SECRETARY  
Name ESTES, PATRICIA L  
Address 1537 HILLCREST AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name PRITCHETT, KEITH  
Address 6363 GRIFFIN RD  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name KARCHER, GAIL  
Address 911 LAMP LIGHT DR  
City-State-Zip: GREER SC 29650

Title DIRECTOR  
Name PRITCHETT, SUSAN  
Address 218 N MAGNOLIA AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** PATRICIA ESTES

MGR, PST

01/27/2020

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

\_\_\_\_\_  
Date