

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000026058

**Entity Name:** MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II, LLC**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**8321048417CC****Current Principal Place of Business:**101 SOUTH MARINE STREET  
CARRABELLE, FL 32322**Current Mailing Address:**P O BOX 1342  
CARRABELLE, FL 32322 US**FEI Number: 20-2326901****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOWREY, RONALD A  
515 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301 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	SEC
Name	EADES, SAM
Address	845 MARINERS CT 845 MARINERS CT
City-State-Zip:	CARRABELLE FL 32322

Title	DIR
Name	MOORE SR, DAVID
Address	526 RIVER POND COURT
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIR
Name	NICHOLS, NEIL
Address	132 JORDON VIEW DR
City-State-Zip:	TITUS AL 36080
Title	DIRECTOR
Name	EADES, SAM
Address	P O BOX 131
City-State-Zip:	CARRABELLE FL 32322

*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: SAM EADES****SEC****01/29/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date