

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028238

**Entity Name:** U-LOCK, LLC

**Current Principal Place of Business:**

450 WILDWOOD DR  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

450 WILDWOOD DR  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 30-0247579

**Certificate of Status Desired:** No

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

BROWNING, JOHN R  
450 WILDWOOD DR  
NEW SMYRNA BEACH, FL 32168 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 MGRM  
Name BROWNING, JOHN R  
Address 450 WILDWOOD DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGR  
Name BROWNING, EUGENIA  
Address 450 WILDWOOD DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGR  
Name HAMPTON, MARK  
Address 1980 REUTGERS PLACE  
City-State-Zip: DAYTONA BEACH FL 32124

Title MGR  
Name HAMPTON, SUSAN  
Address 1980 REUTGERS PLACE  
City-State-Zip: DAYTONA BEACH FL 32124

Title MGR  
Name TURNER, BRUCE  
Address 45 LAZY EIGHT DRIVE  
City-State-Zip: DAYTONA BEACH FL 32124

Title MGR  
Name TURNER, ELIZABETH  
Address 45 LAZY EIGHT DRIVE  
City-State-Zip: DAYTONA BEACH FL 32124

Title AUTHORIZED REPRESENTATIVE  
Name BROWNING, DAWN MARIE  
Address 450 WILDWOOD DR  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** JOHN R BROWNING

**MGRM**

**01/31/2021**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date