I hereby certify that the information indicated on this report or supplemental report is true and act oath; that I am a managing member or manager of the limited liability company or the receiver or		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: WILLIAM A LOVELL JR	MGRM	01/21/2020

SIGNATURE: WILLIAM A LOVELL JR

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045470

Entity Name: ALCANIZ CENTRE COMMERCIAL DEVELOPMENT, LLC

Current Principal Place of Business:

100 S ALCANIZ STREET PENSACOLA, FL 32502

Current Mailing Address:

21 S TARRAGONA STREET **SUITE 102** PENSACOLA, FL 32502

FEI Number: 20-2788345

Name and Address of Current Registered Agent:

LOVELL, WILLIAM A 21 S TARRAGONA STREET SUITE 102 PENSACOLA, FL 32502 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LOVELL, WILLIAM ADRIAN	Name	CARSON, JOSEPH EIV
Address	21 S TARRAGONA STREET SUITE 102	Address	21 S TARRAGONA STREET SUITE 102
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502

Certificate of Status Desired: Yes

FILED Jan 21, 2020 Secretary of State 7566125752CC

Date

Date