

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072491

Entity Name: BISMARCKIA VILLAGE LLC**Current Principal Place of Business:**C/O COZEN O'CONNOR
200 S BISCAYNE BLVD., STE 3000
MIAMI, FL 33131**Current Mailing Address:**C/O COZEN O'CONNOR
200 S BISCAYNE BLVD., STE 3000
MIAMI, FL 33131 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KLINE, CHARLES C
200 S BISCAYNE BLVD., STE 3000
MIAMI, FL 33131 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
Name KELLY, NICHOLAS D
Address 8255 NW 58TH STREET
City-State-Zip: MIAMI FL 33166Title MANAGER
Name KELLY, KATHERINE L
Address 8255 NW 58 STREET
City-State-Zip: MIAMI FL 33166Title MANAGER
Name KELLY, LOYD PATRICK
Address 8255 NW 58 STREET
City-State-Zip: MIAMI FL 33166Title MANAGER
Name KELLY, CHRISTOPHER L
Address 8255 N.W. 58TH STREET
City-State-Zip: MIAMI FL 33166

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: NICHOLAS D. KELLY

MANAGER

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date