

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016585

**Entity Name:** 1122 SIMONTON RESIDENCES, LLC

**Current Principal Place of Business:**

1122 SIMONTON ST  
KEY WEST, FL 33040

**Current Mailing Address:**

C/O CAROLYN SULLIVAN & VITALE  
PO BOX 253  
KEY WEST, FL 33041 US

**FEI Number:** 20-2371672

**Certificate of Status Desired:** No

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

FARRELLY, GREGORY G  
506 LOUISA ST  
KEY WEST, FL 33040 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	Title	MGRM
Name	SULLIVAN, CAROLYN J	Name	VITALE, CARMELO
Address	1128 SIMONTON ST	Address	1128 SIMONTON ST
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** CAROLYN J SULLIVAN

**MEMBER**

**04/01/2020**

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

\_\_\_\_\_  
Date