327 NW BEAL	ncipal Place of Business: PKWY EACH, FL 32548			
Current Ma	iling Address:			
P O BOX 88 FT. WALTO	0 N BEACH, FL 32549 US			
FEI Number: 20-5615396 Ce			Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent:			
SHERRY A LC 327 NW BEAL FORT WALTO				
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	Florida.
	d entity submits this statement for the purpose of changing its reg E: KEVIN H. LOCHT	istered office or regis	tered agent, or both, in the State of F	Florida. 02/27/2019
		istered office or regis	tered agent, or both, in the State of F	
SIGNATUR	E: KEVIN H. LOCHT	istered office or regis	tered agent, or both, in the State of F	02/27/2019
SIGNATUR	E: KEVIN H. LOCHT Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of F	02/27/2019
SIGNATUR Authorized	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail :			02/27/2019
SIGNATUR Authorized	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/27/2019
SIGNATUR Authorized Title Name Address	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR LOCHT, KEVIN H	Title Name	MGR LOCHT, SHERRY A P O BOX 880	02/27/2019
SIGNATUR Authorized Title Name Address	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR LOCHT, KEVIN H P O BOX 880	Title Name Address	MGR LOCHT, SHERRY A P O BOX 880	02/27/2019
SIGNATUR Authorized Title Name Address	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR LOCHT, KEVIN H P O BOX 880	Title Name Address	MGR LOCHT, SHERRY A P O BOX 880	02/27/2019
SIGNATUR Authorized Title Name Address	E: KEVIN H. LOCHT Electronic Signature of Registered Agent Person(s) Detail : MGR LOCHT, KEVIN H P O BOX 880	Title Name Address	MGR LOCHT, SHERRY A P O BOX 880	02/27/2019

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: SHERRY A LOCHT

MANAGER

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: S AND K LAND HOLDINGS, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

FILED Feb 27, 2019 Secretary of State 9609531202CC

Date