

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063323

**Entity Name:** EJB FAIRWAYS, LLC**Current Principal Place of Business:**5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609**Current Mailing Address:**5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609**FEI Number:** 20-5288498**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARROD, GARY W  
5550 W EXECUTIVE DRIVE  
SUITE 550  
TAMPA, FL 33609 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	HARROD DEVELOPMENT, INC.
Address	5550 W EXECUTIVE DRIVE, SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	HARROD, GARY
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	HARROD, CHAD
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	WEBSTER, ROBERT
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	BENNETT, PATTI
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

Title	AUTHORIZED MEMBER
Name	KELLEY, JAY
Address	5550 W EXECUTIVE DRIVE SUITE 550
City-State-Zip:	TAMPA FL 33609

*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:** GARY HARROD

AUTHORIZED MEMBER

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date