## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005750

Entity Name: DAT EASTWOOD #2, LLC

**Current Principal Place of Business:** 

1704 RIGGINS ROAD TALLAHASSEE. FL 32308

**Current Mailing Address:** 

P O BOX 13834

TALLAHASSEE. FL 32317 US

FEI Number: 20-8314362 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAPER, BRIAN K 1714 MAHAN CENTER BLVD TALLAHASSEE, FL 32308 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

FILED Mar 22, 2019

**Secretary of State** 

5502628681CC

Authorized Person(s) Detail:

Title MGRM Title

Name SONI, BHAVIK Name SCHAPER, BRIAN K

Address 1714 MAHAN CENTER BLVD. Address 1714 MAHAN CENTER BLVD.

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title MGRM

Name COGNETTA, ARMAND B MD

Address P O BOX 13834

City-State-Zip: TALLAHASSEE FL 32317

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: ARMAND B COGNETTA, MD

**PRESIDENT** 

**MGRM** 

03/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date