

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018579

**Entity Name:** 607-627 SEBASTIAN BLVD., L.L.C.

**Current Principal Place of Business:**

621 SEBASTIAN BLVD.  
SUITE A  
SEBASTIAN, FL 32958

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**0248020917CC**

**Current Mailing Address:**

621 SEBASTIAN BLVD.  
SUITE A  
SEBASTIAN, FL 32958

**FEI Number:** 20-8436773

**Certificate of Status Desired:** No

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

PIRKLE, PATRICK  
621 SEBASTIAN BLVD., SUITE A  
SEBASTIAN, FL 32958 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  
Name PIRKLE, PATRICK  
Address 621 SEBASTIAN BLVD., SUITE A  
City-State-Zip: SEBASTIAN FL 32958

Title MGRM  
Name CHAPMAN, JOSHUA  
Address 621 SEBASTIAN BLVD., SUITE A  
City-State-Zip: SEBASTIAN FL 32958

Title AUTHORIZED MEMBER  
Name CRONIN, PAULINE THERESA  
Address 621 SEBASTIAN BLVD.  
SUITE A  
City-State-Zip: SEBASTIAN FL 32958

*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:** PAULINE T CRONIN

**MANAGER**

**04/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date