umper.	26-0404675 Certificate of Status L
e and Ad	dress of Current Registered Agent:
IE, PATRICI NELSON RC SON, FL 37(	DAD
oove named ei	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of
NATURE:	PATRICIA A. COLLIE
	Electronic Signature of Registered Agent

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065310

Entity Name: 912 RAVENSWOOD DRIVE, LLC

### **Current Principal Place of Business:**

1217 NELSON ROAD DICKSON, TN 37055

### **Current Mailing Address:**

1217 NELSON ROAD DICKSON, TN 37055

# FEI Number: 26-0404875

#### Name

COLLIE 1217 N DICKS

SIGN

The abo Florida.

Authorized Person(s) Detail :				
Title	VP	Title	PRESIDENT	
Name	COLLIE, ARTHUR C	Name	COLLIE, PATRICIA A	
Address	1217 NELSON ROAD	Address	1217 NELSON ROAD	

Ado City-State-Zip: DICKSON TN 37055

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: ARTHUR C COLLIE

VICE PRESIDENT

City-State-Zip: DICKSON TN 37055

02/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Feb 20, 2019 Secretary of State 3492088376CC

02/20/2019 Date

Certificate of Status Desired: No