Current Mai	iling Address:			
	GAN STREET ILLE, FL 32209 US			
FEI Number: 26-1988245			Certificate of Status Desired: No	
Name and A	Address of Current Registered	d Agent:		
DAVIS, TONY 1494 MORGAN JACKSONVILL	I ST E, FL 32209 US			
The above name	d entity submits this statement for the purpo	se of changing its registered office or regis	tered agent, or both, in the State of F	ilorida.
SIGNATURE: TONY DAVIS				02/05/2021
	Electronic Signature of Registered	Agent		Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	VP	
Name	DAVIS, TONY	Name	DAVIS, PATRICIA	
Address	1494 MORGAN ST	Address	1494 MORGAN ST	
City-State-Zip:	JACKSONVILLE FL 32209	City-State-Zip:	JACKSONVILLE FL 32209	

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: TONY DAVIS

MANAGING MEMBER

02/05/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015590

Entity Name: EXPERIENCED PROPERTIES, LLC

Current Principal Place of Business:

1494 MORGAN STREET JACKSONVILLE, FL 32209

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 05, 2021 **Secretary of State** 6767993134CC