

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000051436

**Entity Name:** INDEPENDENCE VILLAGE LLC

**Current Principal Place of Business:**

525 N MLK JR BLVD  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

525 N MLK JR BLVD  
TALLAHASSEE, FL 32301

**FEI Number:** 26-3768393

**Certificate of Status Desired:** No

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

WATKINS, MIKE  
525 N MLK JR BLVD  
TALLAHASSEE, FL 32301 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 BIG BEND COMMUNITY BASED CARE, INC.  
Address 525 N MLK JR BLVD  
City-State-Zip: TALLAHASSEE FL 32301

Title CEO  
Name WATKINS, MIKE  
Address 525 NORTH MARTIN LUTHER KING JR. BLVD  
City-State-Zip: TALLAHASSEE FL 32301

*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:** MIKE WATKINS

**CHIEF EXECUTIVE  
OFFICER**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date