

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079288

**Entity Name:** 2210 OXBOW LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3593 WESTOVER RD  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

3593 WESTOVER RD  
FLEMING ISLAND, FL 32003

**FEI Number:** 27-0765942

**Certificate of Status Desired:** No

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

BROOKS, L FREEMAN  
3593 WESTOVER RD  
FLEMING ISLAND, FL 32003 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           | MGR                  | Title           | AUTHORIZED MEMBER       |
| Name            | BROOKS, L. FREEMAN   | Name            | BROOKS, L FREEMAN       |
| Address         | 3593 WESTOVER ROAD   | Address         | 3593 WESTOVER RD        |
| City-State-Zip: | ORANGE PARK FL 32003 | City-State-Zip: | FLEMING ISLAND FL 32003 |

*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:** L FREEMAN BROOKS

MGR

01/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date