	iling Address:			
3619 KIESS THE VILLAG	EL ROAD GES, FL 32163 US			
FEI Number: 27-4199829			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	:		
3619 KIESSEL THE VILLAGES	S, FL 32163 US			
The above name	d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of F	-lorida.
SIGNATURE	E: FREDERICK T GOLLER, ESQ.			03/11/2020
SIGNATURI	E: FREDERICK T GOLLER, ESQ. Electronic Signature of Registered Agent			03/11/2020 Date
	Electronic Signature of Registered Agent	Title	MGR	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	MGR PARR, JENNIFER L	
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR			03/11/2020 Date

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: JAMES PARR MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L10000121895

Entity Name: STORY WATER SHARES, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

3619 KIESSEL ROAD THE VILLAGES, FL 32163

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## FILED Mar 11, 2020 **Secretary of State** 6348712462CC

Date

03/11/2020