

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067737

Entity Name: 401 NW 3RD STREET, LLC**Current Principal Place of Business:**305 NW 4TH AVE
OKEECHOBEE, FL 34972**Current Mailing Address:**305 NW 4TH AVE
OKEECHOBEE, FL 34972 US**FEI Number:** 45-2708714**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOSE HOLDINGS, LLC
305 NW 4TH AVE
OKEECHOBEE, FL 34972 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 |
| Name | CLOSE HOLDINGS, LLC |
| Address | 305 NW 4TH AVE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

| | |
|-----------------|---------------------|
| Title | PRESIDENT |
| Name | CLOSE, THOMAS C |
| Address | 305 NW 4TH AVE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

| | |
|-----------------|---------------------|
| Title | SECRETARY |
| Name | STONE, MELISSA |
| Address | 305 NW 4TH AVE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

| | |
|-----------------|---------------------|
| Title | TREASURER |
| Name | WELLS, SHERYL L |
| Address | 305 NW 4TH AVE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

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: THOMAS C. CLOSE

PRESIDENT

03/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date