

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086339

**Entity Name:** 820 S N, LLC

**Current Principal Place of Business:**

318 SOUTH PALMWAY  
LAKE WORTH, FL 33460

**Current Mailing Address:**

PO BOX 1013  
LAKE WORTH, FL 33460 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BURK, JAMES R  
318 SOUTH PALMWAY  
LAKE WORTH, FL 33460 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 SOUTH O, LLC  
Address 318 SOUTH PALMWAY  
City-State-Zip: LAKE WORTH FL 33460

Title MGR  
Name BURK, JAMES R  
Address PO BOX 1013  
City-State-Zip: LAKE WORTH FL 33460

*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 R BURK

MGR

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date