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: CRAIG E. ROBINSON

Electronic Signature of Signing Authorized Person(s) Detail

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.

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MEMBER	Title	MANAGER	
Name		Name	ROBINSON, CRAIG E.	
A data an		Address	500 HOSPITAL DRIVE	
Address	850 CONCOURSE PKWY S STE 250	City-State-Zip:	CRESTVIEW FL 32539-7355	
City-State-Zip:	MAITLAND FL 32751			

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L11000131268

## Entity Name: 2333 NORTH BRENTWOOD CIRCLE OPERATIONS LLC

# **Current Principal Place of Business:**

2333 NORTH BRENTWOOD CIRCLE LECANTO, FL 34461

## **Current Mailing Address:**

1040 CROWN POINTE PKWY, **STE 600** ATLANTA, GA 30338-4741 US

# FEI Number: 30-0707193

SIGNATURE:

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

FILED Apr 25, 2023 Secretary of State 2602175571CC

Certificate of Status Desired: No

MANAGER

Date

04/25/2023 Date