

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000103715

Entity Name: HOMEPORT OF CI, LLC

Current Principal Place of Business:

1625 METROPOLITAN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

Current Mailing Address:

1625 METROPOLITAN CIRCLE, SUITE A
TALLAHASSEE, FL 32308

FEI Number: 46-0820690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDSON, SHARON C
1625 METROPOLITAN CIRCLE, SUITE A
TALLAHASSEE, FL 32308 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 RICHARDSON, SHARON C
Address 1625 METROPOLITAN CIRCLE, SUITE
A
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM
Name RICHARDSON, DONALD E
Address 1625 METROPOLITAN CIRCLE, SUITE
A
City-State-Zip: TALLAHASSEE FL 32308

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: SHARON C RICHARDSON

MANAGING MEMBER

01/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date