

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000040660

**Entity Name:** WOODLAND LAKES MOBILE HOME COMMUNITY, LLC**Current Principal Place of Business:**1901 US HWY 17 92 W  
LAKE ALFRED, FL 33850-3175**Current Mailing Address:**10912 N 56TH STREET  
TEMPLE TERRACE, FL 33617-3004 US**FEI Number:** 46-2321833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOSS, TRENT C  
10912 N 56TH STREET  
TEMPLE TERRACE, FL 33617-3004 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            | GOSS, TRENT C                |
| Address         | 10912 N 56TH STREET          |
| City-State-Zip: | TEMPLE TERRACE FL 33617-3004 |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | GOSS, JAMES C                |
| Address         | 10912 N 56TH STREET          |
| City-State-Zip: | TEMPLE TERRACE FL 33617-3004 |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | FRIDELLA, TRISHA R           |
| Address         | 10912 N 56TH STREET          |
| City-State-Zip: | TEMPLE TERRACE FL 33617-3004 |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGRM                         |
| Name            | MC DUFFIE, TRACY L           |
| Address         | 10912 N 56TH STREET          |
| City-State-Zip: | TEMPLE TERRACE FL 33617-3004 |

*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:** TRENT GOSS**REGISTERED AGENT****03/22/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date