

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000052135

**Entity Name:** AMANDA ALEXANDER, LLC

**Current Principal Place of Business:**

11208 SHELTER COVE LP  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

11208 SHELTER COVE LP  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 27-4283690

**Certificate of Status Desired:** No

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

ALEXANDER, AMANDA  
11208 SHELTER COVE LP  
NEW PORT RICHEY, FL 34654 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:** AMANDA ALEXANDER

04/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALEXANDER, AMANDA  
Address 11208 SHELTER COVE LP  
City-State-Zip: NEW PORT RICHEY FL 34654

*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:** AMANDA ALEXANDER

MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date