

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000076207

Entity Name: BHI PROPERTIES OF CENTRAL FLORIDA, LLC**Current Principal Place of Business:**8850 AIRPORT BLVD.
LEESBURG, FL 34788**Current Mailing Address:**8848 AIRPORT BLVD.
LEESBURG, FL 34788**FEI Number:** 47-1124483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAINERD, BARBARA
19643 DORR RD.
ALTOONA, FL 32702 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:** BARBARA BRAINERD

02/14/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------|
| Title | MGRM |
| Name | BRAINERD, CHARLES III |
| Address | 8850 AIRPORT BLVD. |
| City-State-Zip: | LEESBURG FL 34788 |

| | |
|-----------------|-------------------|
| Title | MGRM |
| Name | BRAINERD, BARBARA |
| Address | 19643 DORR ROAD |
| City-State-Zip: | ALTOONA FL 34788 |

| | |
|-----------------|--------------------|
| Title | MGRM |
| Name | BRAINERD, BART |
| Address | 8848 AIRPORT BLVD. |
| City-State-Zip: | LEESBURG FL 34788 |

| | |
|-----------------|------------------|
| Title | MGRM |
| Name | SIMMONS, CARRIE |
| Address | 18501 DEMKO RD. |
| City-State-Zip: | ALTOONA FL 32702 |

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: BARBARA BRAINERD

MANAGER

02/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date