# that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: LISA JOHNSON

**Current Principal Place of Business:** 1592 COOL RAIN CT. JACKSONVILLE, FL 32225

Entity Name: 6730 N BRANDEMERE ROAD, LLC

## **Current Mailing Address:**

DOCUMENT# L13000098160

2771-29 MONUMENT RD, SUITE #214 **SUITE #214** JACKSONVILLE, FL 32225 US

## FEI Number: 46-3263451

### Name and Address of Current Registered Agent:

JOHNSON, STANLEY L 2771-29 MONUMENT RD, SUITE #214 **SUITE #214** JACKSONVILLE, FL 32225 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	JOHNSON, STANLEY L	Name	JOHNSON, LISA L
Address	2771-29 MONUMENT RD, SUITE #214 SUITE #214	Address	2771-29 MONUMENT RD, SUITE #214 SUITE #214
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

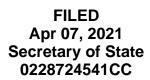
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Date

04/07/2021 Date



Electronic Signature of Signing Authorized Person(s) Detail