

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023335

**Entity Name:** 20 ACRES ON 98, LLC

**Current Principal Place of Business:**

4223 CAPITAL CIRCLE NORTHWEST  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4223 CAPITAL CIRCLE NORTHWEST  
TALLAHASSEE, FL 32303

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301 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	MGR	Title	MGR
Name	MAYFIELD, EMORY L	Name	MAYFIELD, CATHERINE D
Address	4223 CAPITAL CIRCLE NORTHWEST	Address	4223 CAPITAL CIRCLE NORTHWEST
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303

*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:** CATHERINE MAYFIELD

MGR

04/22/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date