

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000031509

Entity Name: SOUTHERN VILLAS RV PARK, LLC

Current Principal Place of Business:

2109 COUNTY ROAD 654A
BUSHNELL, FL 33513

Current Mailing Address:

C/O DAVID W. ADAMS
P.O. BOX 3300
TAMPA, FL 33601 US

FEI Number: 47-3691634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, DAVID W
1925 E. SECOND AVE.
TAMPA, FL 33605 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 | BEILER, AARON | Name | KING, SAM |
| Address | C/O DAVID W. ADAMS P.O. BOX 3300 | Address | C/O DAVID W. ADAMS P.O. BOX 3300 |
| City-State-Zip: | TAMPA FL 33601 | City-State-Zip: | TAMPA FL 33601 |
| | | | |
| Title | MGR | | |
| Name | SMUCKER, PAUL | | |
| Address | C/O DAVID W. ADAMS P.O. BOX 3300 | | |
| City-State-Zip: | TAMPA FL 33601 | | |

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: AARON BEILER

MGR

04/29/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date