

**2022 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

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**0373325435CC**

**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  
2109 EAST PALM AVENUE  
SUITE 300A  
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  
Name BEILER, AARON  
Address C/O DAVID W. ADAMS  
P.O. BOX 3300  
City-State-Zip: TAMPA FL 33601

Title MGR  
Name KING, SAM  
Address C/O DAVID W. ADAMS  
P.O. BOX 3300  
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

04/30/2022

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

\_\_\_\_\_ Date