

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087958

**Entity Name:** 709 EASTPORT ROAD, LLC

**Current Principal Place of Business:**

709 EASTPORT RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

417 TRIPLE CROWN LANE  
ST. JOHNS , FL 32259 US

**FEI Number:** 47-0984351

**Certificate of Status Desired:** No

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

RIVER CPA, LLC  
1547 PETERS CREEK RD  
GREEN COVE SPRINGS, FL 32043 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	MERRITT, KEVIN	Name	MERRITT, RYAN
Address	417 TRIPLE CROWN LANE	Address	1044 MEADOW VIEW LANE
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	ST. AUGUSTINE FL 32092

*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:** KEVIN MERRITT

**MEMBER**

**03/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date