#### 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. 01/19/2020

CO-OWNER

SIGNATURE: AMBER HALCROW

Electronic Signature of Signing Authorized Person(s) Detail

SAINT AUGUSTINE, FL 32080 **Current Mailing Address:** 

Entity Name: 1565 WOODWORKS, LLC

**Current Principal Place of Business:** 

17 LINDA MAR DR SAINT AUGUSTINE. FL 32080 US

DOCUMENT# L14000112863

# FEI Number: 47-1446180

## Name and Address of Current Registered Agent:

HALCROW, RYAN 17 LINDA MAR DR SAINT AUGUSTINE, FL 32080 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:

17 LINDA MAR DR

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	OWNER	Title	CO-OWNER
Name	HALCROW, RYAN	Name	HALCROW, AMBER
Address	17 LINDA MAR DR	Address	17 LINDA MAR DR
City-State-Zip:	SAINT AUGUSTINE FL 32080	City-State-Zip:	SAINT AUGUSTINE FL 32080

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Date

Date

#### FILED Jan 19, 2020 Secretary of State 3564877894CC