

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164235

**Entity Name:** 1901 WINDJAMMER, LLC

**Current Principal Place of Business:**

1901 WINDJAMMER LANE  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

PO BOX 3599  
PONTE VEDRA BEACH, FL 32004-3599 US

**FEI Number:** 47-2135513

**Certificate of Status Desired:** No

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

SMITH, SARA S  
4600 MIDDLETON PARK CIRCLE EAST #D446  
JACKSONVILLE, FL 32224 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 SMITH, SARA S  
Address 4600 MIDDLETON PARK CIRCLE EAST #D245  
City-State-Zip: JACKSONVILLE FL 32224

Title MGR  
Name JONES, CRAIG  
Address 436 CLEARWATER DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name JONES, LIESEL  
Address 436 CLEARWATER DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** CRAIG JONES

MGR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date