## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000001102

Entity Name: HOLOPAW LAND GROUP LLC

**Current Principal Place of Business:** 

7209 INTERNATIONAL DR. ORLANDO. FL 32819

**Current Mailing Address:** 

7209 INTERNATIONAL DR. ORLANDO, FL 32819

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

FILED Jun 11, 2020

**Secretary of State** 

2016880149CC

Name and Address of Current Registered Agent:

DOWDY, RONALD E JR. 7209 INTERNATIONAL DR. ORLANDO, FL 32819 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 AMBR Title AMBR

Name DOWDY, RONALD E JR. Name HABERKAMP, TIMOTHY S JR.

Address 7209 INTERNATIONAL DR. Address 7053 TALBOT DRIVE
City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

Title AMBR Title AMBR

NameLOMAS, JEFFREY LNameDOWDY, RONALD E SR.Address7280 GLASGOW AVE.Address7209 INTERNATIONAL DR.City-State-Zip:ORLANDO FL 32819City-State-Zip:ORLANDO FL 32819

Title AMBR Title AMBR

Name RIOS, LUIS F Name MCCULLY, CHRISTOPHER

Address 140 HATTAWAY DR. Address 285 RUTH ST.

City-State-Zip: ALTAMONTE SPRINGS FL 32701 City-State-Zip: OVIEDO FL 32765

Title AMBR Title AMBR

Name BERRY, WILLIAM A Name KOZMA, MARK

Address 237 N. HIGHLAND AVE. Address 1012 VIZCAYA LAKE RD., #108

City-State-Zip: WINTER GARDEN FL 34787 City-State-Zip: OCOEE FL 34761

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: RONALD DOWDY MGR 06/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date