

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000047678

Entity Name: 439 S. OSPREY AVE., LLC

Current Principal Place of Business:

408 ISLAMORADA DR.
NOKOMIS, FL 34275

Current Mailing Address:

P.O. BOX 262
OSPREY, FL 34229 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOONTZ, JO ANN M
1613 FRUITVILLE RD.
SARASOTA, FL 34236 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
Name SWEAT, KAREN
Address P.O. BOX 262
City-State-Zip: OSPREY FL 34229

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: KAREN SWEAT

AUTHORIZED MEMBER

02/11/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date