

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000055168

Entity Name: JAMES L DISHER LLC**Current Principal Place of Business:**449 HOFFER STREET
PORT CHARLOTTE, FL 33953**Current Mailing Address:**449 HOFFER STREET
PORT CHARLOTTE, FL 33953 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DISHER, JAMES L
449 HOFFER STREET
PORT CHARLOTTE, FL 33953 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	AUTHORIZED MEMBER
Name	DISHER, JAMES L	Name	DISHER, SARA ASHLEY
Address	449 HOFFER STREET	Address	19468 EDGEWATER DR
City-State-Zip:	PORT CHARLOTTE FL 33953	City-State-Zip:	PORT CHARLOTTE FL 33948
Title	AUTHORIZED MEMBER		
Name	DISHER, CHRISTOPHER JAMES		
Address	20036 SANCRAFT AVE		
City-State-Zip:	PORT CHARLOTTE FL 33954		

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: JAMES L DISHER

AMBR

03/05/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date