## **2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109498

Entity Name: 1950 BLUE RIVER, LLC

**Current Principal Place of Business:** 

2411 WOOD POINTE DRIVE HOLIDAY, FL 34691

**Current Mailing Address:** 

2411 WOOD POINTE DRIVE HOLIDAY, FL 34691 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOYD IV, THOMAS 2411 WOOD POINTE DRIVE HOLIDAY, FL 34691 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: THOMAS LLOYD IV 04/16/2019

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR

Name 2411 WOOD POINTE, LLC
Address 2411 WOOD POINTE DRIVE

City-State-Zip: HOLIDAY FL 34691

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: THOMAS LLOYD IV

Electronic Signature of Signing Authorized Person(s) Detail

REGISTERED AGENT

04/16/2019

FILED Apr 16, 2019

**Secretary of State** 

0800287638CC

Date

Date