

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000162075

**Entity Name:** 421 SUMMIT RIDGE 113 LLC

**Current Principal Place of Business:**

1200 MURCOTT COURT  
LONGWOOD, FL 32779

**Current Mailing Address:**

1200 MURCOTT COURT  
LONGWOOD, FL 32779

**FEI Number:** 47-5140636

**Certificate of Status Desired:** No

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

PACELLI, LOUIS M  
1200 MURCOTT COURT  
LONGWOOD, FL 32779 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                | Title           | MGRM                |
| Name            | PACELLI, LOUIS M   | Name            | PACELLI, PATRICIA S |
| Address         | 1200 MURCOTT COURT | Address         | 1200 MURCOTT COURT  |
| City-State-Zip: | LONGWOOD FL 32779  | City-State-Zip: | LONGWOOD FL 32779   |

Title MGRM  
Name PACELLI, MATTHEW JAMES  
Address 1200 MURCOTT COURT  
City-State-Zip: LONGWOOD FL 32779

*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:** LOUIS M PACELLI

MGR

02/02/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date