

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000164534

**Entity Name:** 5671 DIVISION DRIVE, LLC

**Current Principal Place of Business:**

5671 DIVISION DRIVE  
FORT MYERS, FL 33905

**Current Mailing Address:**

PO BOX 153060  
CAPE CORAL, FL 33915 US

**FEI Number:** 47-5208105

**Certificate of Status Desired:** No

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

DLF REGISTERED AGENT SERVICE, LLC  
10181 SIX MILE CYPRESS PARKWAY  
SUITE C  
FORT MYERS, FL 33966 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  
Name MITCHELL, DANNY P  
Address PO BOX 153060  
City-State-Zip: CAPE CORAL FL 33915

Title MGR  
Name MITCHELL, MARGIE  
Address PO BOX 153060  
City-State-Zip: CAPE CORAL FL 33915

*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:** DANNY P MITCHELL

MGR

04/20/2019

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

\_\_\_\_\_  
Date