

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000007516

Entity Name: 2338 ALTON RD., LLC**Current Principal Place of Business:**157 ISLAND VIEW CT.
HOMER, AK 99603**Current Mailing Address:**157 ISLAND VIEW CT.
HOMER, AK 99603 US**FEI Number:** 81-1600804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, CYNTHIA M. ESQ.
677 N. WASHINGTON BLVD.
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 | MANAGER, TREASURER |
| Name | CLOYD, FRANK Y |
| Address | 157 ISLAND VIEW CT. |
| City-State-Zip: | HOMER AK 99603 |

| | |
|-----------------|---------------------|
| Title | SECRETARY |
| Name | BENSON, LAURIE A |
| Address | 157 ISLAND VIEW CT. |
| City-State-Zip: | HOMER AK 99603 |

| | |
|-----------------|---|
| Title | AUTHORIZED MEMBER |
| Name | CLOYD AND BENSON LIVING TRUST DTD 12/23/2015 |
| Address | 157 ISLAND VIEW CT. |
| City-State-Zip: | HOMER AK 99603 |

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: FRANK YANKEY CLOYD

MANAGING MEMBER

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date