

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000015021

**Entity Name:** 117 SW RAY AVE LLC

**Current Principal Place of Business:**

379 BRIDLEWOOD WAY  
FT PIERCE, FL 34945

**Current Mailing Address:**

448 OLD HWY 5  
BLUE RIDGE, GA 30513 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MCCONNELL, REBECCA  
379 BRIDLEWOOD WAY  
FT PIERCE, FL 34945 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  
Name            MCCONNELL, REBECCA EVELYN  
Address        448 OLD HWY 5  
City-State-Zip: BLUE RIDGE, GA GA 30513

Title            AMBR  
Name            MCCONNELL, SCOTT EDWIN  
Address        448 OLD HWY 5  
City-State-Zip: BLUE RIDGE GA 30513

*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:** REBECCA EVELYN MCCONNELL

AMBR

04/20/2023

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

\_\_\_\_\_  
Date