### 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: PATRICIA HOLLAND

Electronic Signature of Signing Authorized Person(s) Detail

| Authorized Person(s) Detail : |                           |                 |                      |  |
|-------------------------------|---------------------------|-----------------|----------------------|--|
| Title                         | AMBR                      | Title           | AMBR                 |  |
| Name                          | HOLLAND, WILLIAM SR.      | Name            | HOLLAND, PATRICIA    |  |
| Address                       | 137 NEW MILFORD ROAD EAST | Address         | 96 BACON ROAD        |  |
| City-State-Zip:               | BRIDGEWATER CT 06752      | City-State-Zip: | ROXBURY CT 06783     |  |
|                               |                           |                 |                      |  |
| Title                         | AMBR                      | Title           | AMBR                 |  |
| Name                          | HOLLAND, CHRISTINE M      | Name            | HOLLAND, MICHAEL     |  |
| Address                       | 364 WELLSVILLE ROAD       | Address         | 5 APRIL DRIVE        |  |
| City-State-Zip:               | NEW MILFORD CT 06776      | City-State-Zip: | NEW MILFORD CT 06776 |  |
|                               |                           |                 |                      |  |
| Title                         | AMBR                      | Title           | AMBR                 |  |
| Name                          | HOLLAND, MATTHEW J        | Name            | HOLLAND, TIMOTHY J   |  |
| Address                       | 88 CHAPIN ROAD            | Address         | 156 SCATACOOK LANE   |  |
| City-State-Zip:               | NEW MILFORD CT 06776      | City-State-Zip: | SOUTHBURY CT 06488   |  |
|                               |                           |                 |                      |  |

### SIGNATURE:

SUITE 11

Electronic Signature of Registered Agent

| Authorized Person(s) Detail : |                           |                 |                      |  |  |
|-------------------------------|---------------------------|-----------------|----------------------|--|--|
| Title                         | AMBR                      | Title           | AMBR                 |  |  |
| Name                          | HOLLAND, WILLIAM SR.      | Name            | HOLLAND, PATRICIA    |  |  |
| Address                       | 137 NEW MILFORD ROAD EAST | Address         | 96 BACON ROAD        |  |  |
| City-State-Zip:               | BRIDGEWATER CT 06752      | City-State-Zip: | ROXBURY CT 06783     |  |  |
| Title                         | AMBR                      | Title           | AMBR                 |  |  |
| Name                          | HOLLAND, CHRISTINE M      | Name            | HOLLAND, MICHAEL     |  |  |
| Address                       | 364 WELLSVILLE ROAD       | Address         | 5 APRIL DRIVE        |  |  |
| City-State-Zip:               | NEW MILFORD CT 06776      | City-State-Zip: | NEW MILFORD CT 06776 |  |  |
| Title                         | AMBR                      | Title           | AMBR                 |  |  |
| Name                          | HOLLAND, MATTHEW J        | Name            | HOLLAND, TIMOTHY J   |  |  |
| Address                       | 88 CHAPIN ROAD            | Address         | 156 SCATACOOK LANE   |  |  |
| City-State-Zip:               | NEW MILFORD CT 06776      | City-State-Zip: | SOUTHBURY CT 06488   |  |  |

Certificate of Status Desired: No

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.

## Name and Address of Current Registered Agent:

CLEARWATER, FL 33765

### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000051381

Entity Name: HOLLAND JOINT VENTURE FLORIDA, LLC

# **Current Principal Place of Business:**

2100 PALMETTO STREET SUITE B

# **Current Mailing Address:**

137 NEW MILFORD ROAD EAST BRIDGEWATER, CT 06752 US

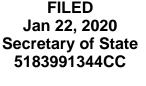
### FEI Number: 81-1829842

DELEO & COMPANY, P.C. 357 CYPRESS DRIVE

TEQUESTA, FL 33469 US

AMBR

01/22/2020



Date

Date