

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000144801

**Entity Name:** 421 VIRGINIA LLC

**Current Principal Place of Business:**

421 VIRGINIA STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

6642 CLAYTON RD  
387  
ST. LOUIS, MO 63117 US

**FEI Number:** 81-3592357

**Certificate of Status Desired:** No

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

OROPEZA, GREGORY S  
221 SIMONTON STREET  
KEY WEST, FL 33040 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	MGR
Name	CLIFTON A. LAPLANTE TRUST DATED JULY,6, 2016	Name	CHRISTOPHER M. STRATMANN TRUST DATED JULY 6, 2016
Address	6642 CLAYTON RD 387	Address	6642 CLAYTON RD 387
City-State-Zip:	ST. LOUIS MO 63117	City-State-Zip:	ST. LOUIS MO 63117

*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:** CLIF LAPLANTE

TRUSTEE/MGR

02/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date