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: SAMANTHA GAYLE BULLOCK

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L16000147808

Entity Name: W. DANIEL BULLOCK, LLC

### **Current Principal Place of Business:**

4855 DOCKSIDE DRIVE 104 FORT MYERS, FL 33919

#### **Current Mailing Address:**

4855 DOCKSIDE DRIVE 104 FORT MYERS, FL 33919 US

#### FEI Number: 81-3433187

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

BULLOCK, SAMANTHA GAYLE 4855 DOCKSIDE DR. #104 FORT MYERS, FL 33919 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: SAMANTHA GAYLE BULLOCK

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	AMBR		
Name	BULLOCK, SAMANTHA GAYLE		
Address	4855 DOCKSIDE DRIVE #104		
City-State-Zip:	FORT MYERS FL 33919		

MEMBER

09/18/2020

Date

FILED Sep 18, 2020 Secretary of State 0681864279CC

Certificate of Status Desired: No

09/18/2020

Date