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.

**OWNER/MGR** 

SIGNATURE: DOUGLAS K CHARLES

Electronic Signature of Signing Authorized Person(s) Detail

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	RE: KIMBERLY K CHARLES						
	Electronic Signature of Registered Agent						
Authorized Person(s) Detail :							
Title	OWNER/MGR	Title	S, T				
Name	CHARLES, DOUGLAS K	Name	CHARLES, KIMBERLY K				
Address	15350 N US HWY 301	Address	15350 N US HIGHWAY 301				
City-State-Zip:	CITRA FL 32113	City-State-Zip:	CITRA FL 32113				

## Name and Address of Current Registered Agent:

CHARLES, KIMBERLY K 15350 N US HWY 301 CITRA, FL 32113 US

15350 N US HWY 301

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000154114

Entity Name: 15350 N HWY 301, LLC

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

15350 N US HWY 301 CITRA, FL 32113

## **Current Mailing Address:**

CITRA, FL 32113 US

# FEI Number: 81-3617072

Certificate of Status Desired: Yes

03/16/2020

FILED Mar 16, 2020 Secretary of State 6956517897CC

Date