

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000166245

**Entity Name:** 854 HYDRANGEA DR LLC

**Current Principal Place of Business:**

854 HYDRANGEA DR  
N FORT MYERS, FL 33903

**Current Mailing Address:**

448 OLD HWY 5  
BLUE RIDGE, GA, 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 MGR  
Name MCCONNELL, REBECCA EVELYN  
Address 448 OLD HWY 5  
City-State-Zip: BLUE RIDGE, GA 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

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date