

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187643

**Entity Name:** 2605 ESSEX DR., LLC

**Current Principal Place of Business:**

201 S. 2ND STREET,  
SUITE 205  
FORT PIERCE, FL 34950

**Current Mailing Address:**

201 S. 2ND STREET,  
SUITE 205  
FORT PIERCE, FL 34950 UN

**FEI Number:** 81-4276107

**Certificate of Status Desired:** No

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

SABA CAVOORIS, AIDA  
201 S. 2ND STREET  
SUITE 205  
FORT PIERCE, FL 34950 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  
Name SABA CAVOORIS, AIDA  
Address 201 S. 2ND STREET, SUITE 205  
City-State-Zip: FORT PIERCE FL 34950

Title MANAGER  
Name CAVOORIS, GEORGE MICHAEL  
Address 201 S. 2ND STREET,  
SUITE 205  
City-State-Zip: FORT PIERCE 34950

*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:** AIDA SABA CAVOORIS

**MANAGER**

**01/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date