## 2021 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

**FILED** Apr 07, 2021

**Secretary of State** 

4537228157CC

Authorized Person(s) Detail:

Title MGR Title **MANAGER** 

Name SABA CAVOORIS, AIDA Name CAVOORIS, GEORGE MICHAEL

201 S. 2ND STREET, SUITE 205 201 S. 2ND STREET, Address Address

SUITE 205 City-State-Zip: FORT PIERCE FL 34950

City-State-Zip: FORT PIERCE 34950

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER** Name

SABA, MEDHAT Name SABA, CHERINE Address 24 ROMANCE DRIVE

24 ROMANCE DRIVE Address

RICHMOND HILL ONTARIO L4S2R7 City-State-Zip: RICHMOND HILL ONTARIO L4S2R7 City-State-Zip:

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

04/07/2021