	LOTTE, FL 33952			
FEI Number: NOT APPLICABLE		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
PIEDMONT-COF 190 NORMAN ST PORT CHARLOT				
The above named e	entity submits this statement for the purpose of changing its regis	tered office or regis	stered agent, or both, in the State of Fi	ilorida.
	entity submits this statement for the purpose of changing its regis STACY PIEDMONT-COFFEE	tered office or regis	stered agent, or both, in the State of Fi	lorida. 04/18/2023
		tered office or regis	stered agent, or both, in the State of Fi	
SIGNATURE:	STACY PIEDMONT-COFFEE	tered office or regis	stered agent, or both, in the State of Fi	04/18/2023
SIGNATURE: Authorized P	STACY PIEDMONT-COFFEE Electronic Signature of Registered Agent	tered office or regis	stered agent, or both, in the State of Fi	04/18/2023

Address

City-State-Zip:

**193 ROBINA STREET** 

PORT CHARLOTTE FL 33954

1209 TAMIAMI TRAIL PORT CHARLOTTE,FL 33952

DOCUMENT# L17000006674

Entity Name: 1209 TAMIAMI TRAIL, LLC

14056 HYDRANGER AVE

City-State-Zip: PORT CHARLOTTE FL 33953

**Current Principal Place of Business:** 

## **Current Mailing Address:**

Address

1209 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

## 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: ELLEN F PIEDMONT

PRES

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 18, 2023 Secretary of State 8358597210CC

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT