

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000085787

**Entity Name:** 415 SPLIT OAK LLC

**Current Principal Place of Business:**

11226 LANE PARK RD  
TAVARES, FL 32778

**Current Mailing Address:**

11226 LANE PARK RD  
TAVARES, FL 32778 US

**FEI Number:** 41-0118733

**Certificate of Status Desired:** No

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

BRADFORD, JAMIE  
11226 LANE PARK RD  
TAVARES, FL 32778 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 JAMES M BRADFORD TRUST  
Address 11226 LANE PARK RD  
City-State-Zip: TAVARES FL 32778

*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:** JAMES BRADFORD

MGR

01/19/2023

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

\_\_\_\_\_ Date