

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000112084

**Entity Name:** 11821 MEADOW DR LLC**Current Principal Place of Business:**220 OSOWAW BLVD  
SPRING HILL, FL 34607**Current Mailing Address:**220 OSOWAW BLVD  
SPRING HILL, FL 34607 US**FEI Number:** 82-1651216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSEN, CHERYL  
220 OSOWAW BLVD  
SPRING HILL, FL 34607 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	HANSEN, CHERYL
Address	220 OSOWAW BLVD
City-State-Zip:	SPRING HILL FL 34607
Title	AP
Name	CHERYL HANSEN FBO THE HANSEN 401KPSP
Address	220 OSOWAW BLVD
City-State-Zip:	SPRING HILL FL 34607

Title	MGR
Name	HANSEN, RUSSELL
Address	220 OSOWAW BLVD
City-State-Zip:	SPRING HILL FL 34607
Title	AP
Name	RUSSELL HANSEN FBO THE HANSEN 401KPSP
Address	220 OSOWAW BLVD
City-State-Zip:	SPRING HILL FL 34607

*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:** CHERYL HANSEN

MGR

02/09/2020

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