

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000146405

**Entity Name:** EAST COAST CENTER LLC

**Current Principal Place of Business:**

C/O WALSH BANKS LAW  
105 E ROBINSON ST. SUITE 303  
ORLANDO, FL 32801

**Current Mailing Address:**

7512 DR PHILLIPS BLVD.  
#50-341  
ORLANDO, FL 32819 US

**FEI Number:** 82-2217757

**Certificate of Status Desired:** No

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

WALSH BANKS LAW  
105 E ROBINSON STREET  
SUITE 303  
ORLANDO, FL 32801 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:** BRIAN M WALSH

02/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           GAINES, G.KENWOOD  
Address        7512 DR. PHILLIPS BLVD.  
                  #50-341  
City-State-Zip: ORLANDO FL 32819

Title           MANAGER  
Name           FLEMING, MIKE  
Address        7512 DR. PHILLIPS BLVD.  
                  #50-341  
City-State-Zip: ORLANDO FL 32819

*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:** GAINES, G. KENWOOD

MANAGER

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date