

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000020562

**Entity Name:** 422 SHADOWLANDS RENTAL, LLC

**Current Principal Place of Business:**

3882 SUMMER GROVE WAY SOUTH  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3882 SUMMER GROVE WAY SOUTH  
JACKSONVILLE, FL 32257

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JORGENSEN, MIKE  
2318 PARK STREET  
JACKSONVILLE, FL 32204 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	AMBR	Title	AMBR
Name	BRAGG, GARY A	Name	BRAGG, RUTH G
Address	3882 SUMMER GROVE WAY SOUTH	Address	3882 SUMMER GROVE WAY SOUTH
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257

*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:** GARY BRAGG

MR

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date