

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000090314

**Entity Name:** 19029 K U.S. 19, L.L.C.

**Current Principal Place of Business:**

18535 BURRELL RD.  
ODESSA, FL 33556

**Current Mailing Address:**

18535 BURRELL RD.  
ODESSA, FL 33556 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCARFONE, KAREN L  
18535 BURRELL RD.  
ODESSA, FL 33556 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:** KAREN L SCARFONE

02/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SCARFONE, KAREN L  
Address 18535 BURRELL RD.  
City-State-Zip: ODESSA FL 33556

*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:** KAREN L SCARFONE

MGR

02/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date