

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000122975

Entity Name: SLMR FLORIDA, LLC**Current Principal Place of Business:**5115 MARYLAND WAY
SUITE 131
BRENTWOOD, TN 37027**Current Mailing Address:**P O BOX 546
BRENTWOOD, TN 37024-0546 US**FEI Number:** 83-0684838**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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
Name	HOOPER, JOEL R
Address	31 FULL MOON LANE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	HOOPER, MARY ANN
Address	31 FULL MOON LANE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	DANIEL, SAM E
Address	31 FULL MOON LANE
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	AMBR
Name	DANIEL, ELIZABETH C
Address	31 FULL MOON LANE
City-State-Zip:	SANTA ROSA BEACH FL 32459

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: JOEL R HOOPER

AMBR

02/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date