# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ATILLIO P CERQUEIRA

Electronic Signature of Signing Authorized Person(s) Detail

#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000139686

Entity Name: 2825 MAYPORT RD LLC

#### **Current Principal Place of Business:**

36 WEST 6TH STREET ATLANTIC BEACH, FL 32233

# **Current Mailing Address:**

36 WEST 6TH STREET ATLANTIC BEACH. FL 32233

## FEI Number: 83-1925081

## Name and Address of Current Registered Agent:

CERQUEIRA, ATILLIO P MM 36 WEST 6TH STREET ATLANTIC BEACH, FL 32233 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

## Authorized Person(s) Detail :

Title	MM	Title	MM
Name	CERQUEIRA, ATILLIO P	Name	CERQUEIRA, JARED S
Address	36 WEST 6TH STREET	Address	36 WEST 6TH STREET
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233

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

MM

02/02/2021

## FILED Feb 02, 2021 Secretary of State 8143854694CC

Date

Certificate of Status Desired: No

Date