

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000164775

**Entity Name:** THE VILLAS AT COLLEGE PARK, LLC

**Current Principal Place of Business:**

621 LAKEVIEW ST A5  
ORLANDO, FL 32804

**Current Mailing Address:**

621 LAKEVIEW ST A5  
ORLANDO, FL 32804 US

**FEI Number:** 83-1198592

**Certificate of Status Desired:** No

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

COOPER, BENJAMIN S  
621 LAKEVIEW ST A5  
ORLANDO, FL 32804 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	MGR	Title	MGR
Name	HOLCOMBE, JOY S	Name	COOPER, BENJAMIN P
Address	621 LAKEVIEW ST A5	Address	621 LAKEVIEW ST. A5
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

*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:** JOY S HOLCOMBE

**MEMBER**

**03/22/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date