# 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: PATRICIA SHUFFIELD

Electronic Signature of Signing Authorized Person(s) Detail

| Authorized Person(s) Detail : |                         |                 |                         |
|-------------------------------|-------------------------|-----------------|-------------------------|
| Title                         | AMBR                    | Title           | MGR                     |
| Name                          | SHUFFIELD, PATRICIA     | Name            | SHUFFIELD, ROBERT       |
| Address                       | 5108 WALDENBROOKE COURT | Address         | 5108 WALDENBROOKE COURT |
| City-State-Zip:               | ACWORTH GA 30101        | City-State-Zip: | ACWORTH GA 30101        |

3458 LAKESHORE DRIVE

DOCUMENT# L18000186782

Entity Name: 36 GULF COVE COURT, LLC

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

**5108 WALDENBROOKE COURT** ACWORTH, GA 30101

### **Current Mailing Address:**

**5108 WALDENBROOKE COURT** ACWORTH, GA 30101

### FEI Number: 83-1609603

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

URS AGENTS, LLC TALLAHASSEE, FL 32312 US

SIGNATURE:

Certificate of Status Desired: No

2922890341CC

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. Date

Date

02/16/2019

AMBR