FEI Number: 83-2212467		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
PONTELL, KRIST 203 STRATFORD WINTER SPRING	) DR			
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.				
The above named e		cied office of regist	crea agent, or board, in the oldie of the	mua.
	KRISTOFER J PONTELL			03/07/2022
	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
SIGNATURE:	KRISTOFER J PONTELL			03/07/2022
SIGNATURE:	KRISTOFER J PONTELL   Electronic Signature of Registered Agent	Title	MGR	03/07/2022

Address

City-State-Zip:

203 STRATFORD DR

WINTER SPRINGS FL 32708

**Current Principal Place of Business:** 1484 TUSKAWILLA RD **OVIEDO, FL 32765** 

## **Current Mailing Address:**

DOCUMENT# L18000211370

Entity Name: 1484 TUSKAWILLA, LLC

203 STRATFORD DR WINTER SPRINGS, FL 32708

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203 STRATFORD DR

City-State-Zip: WINTER SPRINGS FL 32708

Address

## 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: KRISTOFER J PONTELL

OWNER

03/07/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 07, 2022 Secretary of State 5741378553CC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT