

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000215190

Entity Name: ACCOMMOCALA 8345, LLC

Current Principal Place of Business:

5172 BERWYCK DRIVE
TROY, MI 48085

Current Mailing Address:

P.O. BOX 771645
OCALA, FL 34477-1645 US

FEI Number: 83-1933197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, WINSTON
9700 SW 51ST AVE.
OCALA, FL 34476 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
Name WILLIAMS, HEINRIC
Address 5172 BERWYCK DR.
City-State-Zip: TROY MI 48085

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: HEINRIC WILLIAMS

MGR

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date