

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000215199

**Entity Name:** ACCOMMOCALA 4792, LLC

**Current Principal Place of Business:**

5172 BERWYCK DR.  
TROY, MI 48085

**Current Mailing Address:**

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

**FEI Number: 83-1916939**

**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