

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000262772

**Entity Name:** 22 MSP OWNER, LLC

**Current Principal Place of Business:**

12301 VETERANS MEMORIAL HWY  
SUITE A  
DOUGLASVILLE, GA 30134

**Current Mailing Address:**

POST OFFICE BOX 70  
DOUGLASVILLE, GA 30133 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BYRD CAMPBELL, P.A.  
180 PARK AVENUE NORTH  
SUITE 2A  
WINTER PARK, FL 32789 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           MANAGER  
Name           KINGSTON, GEORGE R.  
Address        12301 VETERANS MEMORIAL HWY  
                  SUITE A  
City-State-Zip: DOUGLASVILLE GA 30134

*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:** GEORGE R. KINGSTON

**MANAGER**

**03/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date