

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000282353

**Entity Name:** 4841 TARPON R.E. INVESTMENT LLC**Current Principal Place of Business:**10406 WOOD IBIS  
BONITA SPRINGS, FL 34135**Current Mailing Address:**10406 WOOD IBIS  
BONITA SPRINGS, FL 34135 US**FEI Number:** 83-2810104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LENARD, MARK  
10406 WOOD IBIS  
BONITA SPRINGS, FL 34135 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            | LENARD, MARK            |
| Address         | 10406 WOOD IBIS         |
| City-State-Zip: | BONITA SPRINGS FL 34135 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | MORABITO, SEBASTIAN   |
| Address         | 7353 DUNHAM RD.       |
| City-State-Zip: | WALTON HILLS OH 44146 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MGR                   |
| Name            | BOYAS MORABITO, LEA   |
| Address         | 7353 DUNHAM RD.       |
| City-State-Zip: | WALTON HILLS OH 44146 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | ALDRIDGE, MARK          |
| Address         | 27149 SERRANO WAY       |
| City-State-Zip: | BONITA SPRINGS FL 34135 |

*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:** MARK LENARD**MANAGER****01/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date