

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000083271

**Entity Name:** NATHAN HARRELL LLC

**Current Principal Place of Business:**

1645 SUN CITY CENTER PLZ.  
5889  
SUN CITY CENTER, FL 33571

**Current Mailing Address:**

1645 SUN CITY CENTER PLZ.  
5889  
SUN CITY CENTER, FL 33571 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

HARRELL, NATHAN  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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:** NATHAN HARRELL

02/16/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HARRELL, NATHAN  
Address 1645 SUN CITY CENTER PLZ., UNIT  
5889  
City-State-Zip: SUN CITY CENTER FL 33571

*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:** NATHAN HARRELL

**OWNER**

02/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date