## 2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

## 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

Electronic Signature of Registered Agent

#### 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

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

01/25/2021

Date

Date

PRESIDENT

01/25/2021