

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000084846

**Entity Name:** 5004 NORTHERN LIGHTS DR., LLC

**Current Principal Place of Business:**

5004 NORTHERN LIGHTS DR.  
GREENACRES, FL 33463

**Current Mailing Address:**

690 W. CLEARBROOK CIR.  
DELRAY BEACH, FL 33445 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

MARECKI, TIMOTHY D  
8461 LAKE WORTH RD.  
SUITE 209  
LAKE WORTH, FL 33467 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 REVOLLO, EDWARD  
Address 690 W. CLEARBROOK CIR.  
City-State-Zip: DELRAY BEACH FL 33445

*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:** EDWARD G REVOLLO

MR

03/15/2021

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

\_\_\_\_\_  
Date