### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000092740

Entity Name: SCHILLER INVESTMENTS SF LLC

#### **Current Principal Place of Business:**

C/O OAKSTONE LAW PL 225 BANYAN BLVD. SUITE 230 NAPLES, FL 34102

# **Current Mailing Address:**

C/O OAKSTONE LAW PL 225 BANYAN BLVD. SUITE 230 NAPLES, FL 34102 US

### FEI Number: 48-1145893

### Name and Address of Current Registered Agent:

SCHILLER, STEPHANIE J C/O OAKSTONE LAW PL 225 BANYAN BLVD. SUITE 230 NAPLES, FL 34102 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

# Authorized Person(s) Detail :

| Autionzeu Person(s) Detail. |                                                   |                 |                                                   |
|-----------------------------|---------------------------------------------------|-----------------|---------------------------------------------------|
| Title                       | MGR                                               | Title           | MGR                                               |
| Name                        | SCHILLER, STEPHANIE J                             | Name            | SCHILLER, FRIEDRICH                               |
| Address                     | C/O OAKSTONE LAW PL<br>225 BANYAN BLVD. SUITE 230 | Address         | C/O OAKSTONE LAW PL<br>225 BANYAN BLVD. SUITE 230 |
| City-State-Zip:             | NAPLES FL 34102                                   | City-State-Zip: | NAPLES FL 34102                                   |

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: STEPHANIE J SCHILLER

RA

Date

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No