

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000100957

Entity Name: 2 BASE DOWN PRESERVE, LLC**Current Principal Place of Business:**2751 S. E. COUNTY ROAD 343
MORRISTON, FL 32668**Current Mailing Address:**PO BOX 159
MORRISTON, FL 32668 US**FEI Number:** 83-4715568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKOY, DOUGLAS K
302-B NORTH MAIN STREET
TRENTON, FL 32693 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	AMBR
Name	LEFFLER, WILLIAM G JR.
Address	2751 S. E. COUNTY ROAD 343
City-State-Zip:	MORRISTON FL 32668

Title	AMBR
Name	HAAS-LEFFLER, DEBORAH L
Address	2751 S. E. COUNTY ROAD 343
City-State-Zip:	MORRISTON FL 32668

Title	AUTHORIZED MEMBER
Name	LEFFLER, REBECCA MARIE
Address	2751 S. E. COUNTY ROAD 343
City-State-Zip:	MORRISTON FL 32668

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: DR WILLIAM LEFFLER

AMBR

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date