

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000126289

**Entity Name:** A4JAXRE2 LLC

**Current Principal Place of Business:**

1273 N BURGANDY TRAIL  
ST JOHNS, FL 32259

**Current Mailing Address:**

1273 N BURGANDY TRAIL  
ST JOHNS, FL 32259

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ARMEL, WILLIAM H IV  
1273 N BURGANDY TRAIL  
ST JOHNS, FL 32259 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            OWNER, MANAGER  
Name            ARMEL, WILLIAM H IV  
Address        1273 N BURGANDY TRAIL  
City-State-Zip: ST JOHNS FL 32259

*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:** WILLIAM H ARMEL IV

OWNER, MANAGER

02/03/2021

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

\_\_\_\_\_  
Date