6000-A SAWGRASS VILLAGE CIR #20 PONTE VEDRA BEACH, FL 32082 US FEI Number: 84-3190267 Certificate of Status Desired: No Name and Address of Current Registered Agent: PETER J. HOLLIDAY 6000-A SAWGRASS VILLAGE CIR #20 PONTE VEDRA BEACH, FL 32082 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: PETER J HOLLIDAY Electronic Signature of Registered Agent 04/07/2021 Date	• • • • • • • • • •			
Name and Address of Current Registered Agent:     PETER J. HOLLIDAY     6000-A SAWGRASS VILLAGE CIR #20     PONTE VEDRA BEACH, FL 32082 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:   PETER J HOLLIDAY     Electronic Signature of Registered Agent   Date				
PETER J. HOLLIDAY 6000-A SAWGRASS VILLAGE CIR #20 PONTE VEDRA BEACH, FL 32082 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: <u>PETER J HOLLIDAY</u> 04/07/2021 Electronic Signature of Registered Agent Date	FEI Number: 84-3190267		Certificate of Status Desired: No	
6000-A SAWGRASS VILLAGE CIR #20     PONTE VEDRA BEACH, FL 32082 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:   PETER J HOLLIDAY   04/07/2021     Electronic Signature of Registered Agent   Date	Name and Address of Current Registered Agent:			
SIGNATURE: PETER J HOLLIDAY 04/07/2021   Electronic Signature of Registered Agent Date	6000-A SAWGRASS VILLAGE CIR #20			
Electronic Signature of Registered Agent Date	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:	PETER J HOLLIDAY	04/07/2021	
Authorized Person(s) Detail :		Electronic Signature of Registered Agent	Date	

Title

MGR

# 2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L19000171442

Entity Name: LENOX SQUARE, LLC

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

6000-A SAWGRASS VILLAGE CIR #20 PONTE VEDRA BEACH. FL 32082

### **Current Mailing Address:**

# F

Title

#### Ν

MGR

#### Name HOLLIDAY, PETER J Name SUITT, TERRY Address 324 PLANTATION CIR Address 5212 ORTEGA OAKS LN. City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: PONTE VEDRA BEACH FL 32082

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: PETER HOLLIDAY

MGR

04/07/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 07, 2021 Secretary of State 5920392404CC