Name and Address of Current Registered Agent:	
ROBINSON COLLINS, PL 1604 STOCKTON STREET JACKSONVILLE, FL 32204 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 Flo	rida.
SIGNATURE: KRISTOPHER D. ROBINSON	01/

Date Electronic Signature of Registered Agent Authorized Person(s) Detail : Title Title MANAGER MANAGER Name BRIDGEWATER, JOHN J Name BRIDGEWATER, IVY W Address 1211 SPRING BRANCH RD. Address 1211 SPRING BRANCH RD. City-State-Zip: ST. JOHNS FL 32259 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.

MGR

SIGNATURE: JOHN J. BRIDGEWATER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 603 SOUTH BRANCH RD., LLC

DOCUMENT# L19000182807

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

1211 SPRING BRANCH RD. ST. JOHNS. FL 32259

## **Current Mailing Address:**

1211 SPRING BRANCH RD. ST. JOHNS. FL 32259

# FEI Number: 84-2752301

### Name a

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

01/23/2023 Date

FILED Jan 23, 2023 Secretary of State 8058979569CC

01/23/2023

Certificate of Status Desired: No