

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000201166

**Entity Name:** 2006 ST JOHNS BLUFF LLC

**Current Principal Place of Business:**

2006 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

2006 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246 US

**FEI Number:** 84-2545013

**Certificate of Status Desired:** Yes

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

SHAPIRA, NIMROD MGR  
2006 ST JOHNS BLUFF RD S  
JACKSONVILLE, FL 32246 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 MGR  
Name SHAPIRA, NIMROD  
Address 2006 ST JOHNS BLUFF RD S  
City-State-Zip: JACKSONVILLE FL 32246

*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:** NIMROD SHAPIRA

**MANAGER**

**02/05/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date