

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