

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000284876

**Entity Name:** 4164 SW 43 CIRCLE LLC

**Current Principal Place of Business:**

C/O SEAN WILLIAM THORNTON  
2090 SW 55TH STREET ROAD  
OCALA, FL 34471

**Current Mailing Address:**

C/O SEAN WILLIAM THORNTON  
2090 SW 55TH STREET ROAD  
OCALA, FL 34471 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HALPEN, DAVID M  
11760 U.S. HIGHWAY 1  
SUITE 502W  
PALM BEACH GARDENS, FL 33408 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	Title	MGR
Name	THORNTON, SEAN WILLIAM	Name	LEEDS, MATTHEW I
Address	C/O SEAN WILLIAM THORNTON	Address	1901 SW 55TH LANE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*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:** SEAN WILLIAM THORNTON

**MANAGER**

**04/28/2021**

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

\_\_\_\_\_  
Date