

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000004797

Entity Name: 5604 AUTUMN SHIRE DR., L.L.C.**Current Principal Place of Business:**5045 RONNOCH BLVD
WESLEY CHAPEL, FL 33543**Current Mailing Address:**PO BOX 17331
TAMPA, FL 33543**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALDES, JOAN Q
5045 RONNOCH BLVD
WESLEY CHAPEL, FL 33543 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	AMBR
Name	VALDES, JOAN Q
Address	PO BOX 17331
City-State-Zip:	TAMPA FL 33682

Title	MGR
Name	VALDES, JOAN Q
Address	PO BOX 17331
City-State-Zip:	TAMPA FL 33682

Title	MGR
Name	VALDES JR, ARTHUR Q
Address	PO BOX 17331
City-State-Zip:	TAMPA FL 33682

Title	AMBR
Name	VALDES JR, ARTHUR Q
Address	PO BOX 17331
City-State-Zip:	TAMPA FL 33682

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: JOAN VALDES**MANAGER****04/21/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date