

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000148476

Entity Name: SECTION EIGHT CONSULTANTS, LLC**Current Principal Place of Business:**1342 VALLEY GROVE DR
SEFFNER, FL 33584**Current Mailing Address:**1342 VALLEY GROVE DR
SEFFNER, FL 33584 US**FEI Number:** 85-1238470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAY, KENNETH T
1342 VALLEY GROVE DR
SEFFNER, FL 33584 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 | PRESIDENT | Title | V.P. OF OPERATIONS |
| Name | GRAY, KENNETH T | Name | DERAVINE, LUCZER |
| Address | 1342 VALLEY GROVE DR | Address | 1706 NEWLAND PLACE |
| City-State-Zip: | SEFFNER FL 33584 | City-State-Zip: | VALRICO FL 33584 |
| | | | |
| Title | V.P. OF OWNER RELATIONS | | |
| Name | POWELL, DELILAH E. | | |
| Address | 1324 W. ARCH STREET | | |
| City-State-Zip: | TAMPA FL 33607 | | |

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: KENNETH TERRY GRAY

PRESIDENT

03/18/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date