

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000292397

**Entity Name:** 1865 WOODMERE LLC

**Current Principal Place of Business:**

4530-15 ST JOHNS AVE  
BOX 304  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4530-15 ST JOHNS AVE  
BOX 304  
JACKSONVILLE, FL 32210 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMITH, DAVID  
4530-15 ST JOHNS AVE  
BOX 304  
JACKSONVILLE, FL 32210 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	SMITH, DAVID	Name	SMITH, CLAIRE
Address	4530-15 ST JOHNS AVE BOX 304	Address	4530-15 ST JOHNS AVE BOX 304
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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:** DAVID SMITH

MGR

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date