

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000374090

Entity Name: WEBB FAMILY LAKEHOUSE, LLC

Current Principal Place of Business:

3402 HEARDS FERRY DRIVE
TAMPA, FL 33618

Current Mailing Address:

3402 HEARDS FERRY DRIVE
TAMPA, FL 33618 US

FEI Number: 86-2759463

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEBB, MICHAEL J
3402 HEARDS FERRY DRIVE
TAMPA, FL 33618 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 WEBB, MICHAEL J
Address 3402 HEARDS FERRY DRIVE
City-State-Zip: TAMPA FL 33618

Title AMBR
Name MIRIAM ANNE AYER
Address 10470 SE 138TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

Title AMBR
Name WEBB, HERBERT M
Address 4510 NW 71ST BOULEVARD
City-State-Zip: GAINESVILLE FL 32606

Title AMBR
Name JANE MARIE VOGUE
Address 10495 SE 138TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

Title AMBR
Name LISA MARGARET HODGES
Address 8020 NW 1ST PLACE
City-State-Zip: GAINESVILLE FL 32607

Title AMBR
Name JOHN DOUGLAS WEBB
Address 10495 SE 138TH PLACE ROAD
City-State-Zip: SUMMERFIELD FL 34491

Title AMBR
Name WEBB, JOSEPH WARREN
Address 327 FAIRWAYS CIRCLE, UNIT A
City-State-Zip: Ocala FL 34472

Title AMBR
Name WEBB, WILLIAM BRIAN
Address 120 PINE KNOLL
City-State-Zip: ALPHARETTA GA 30022

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: MICHAEL WEBB

MANAGER

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date