

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000387236

Entity Name: 4969 SW 45TH CIRCLE LLC**Current Principal Place of Business:**2090 SW 55TH STREET ROAD
OCALA, FL 34471**Current Mailing Address:**2090 SW 55TH STREET ROAD
OCALA, FL 34471 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALPEN, DAVID M ESQ.
GOLDEN BEAR PLAZA
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	2090 SW 55TH STREET ROAD	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