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

SIGNATURE: DEBRA L FISCHER

Electronic Signature of Signing Authorized Person(s) Detail

ST. PETERSBURG. FL 33710 **Current Mailing Address:**

Current Principal Place of Business:

Entity Name: SUMMERFIELD SOLSTICE LLC

8047 STIMIE AVENUE NORTH ST. PETERSBURG. FL 33710

DOCUMENT# L21000025516

8047 STIMIE AVENUE NORTH

FEI Number: 86-1738281

Name and Address of Current Registered Agent:

FISCHER, DEBRA L 8047 STIMIE AVENUE NORTH ST. PETERSBURG, FL 33710 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

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	FISCHER, DEBRA L	Name	POZZI, TED M
Address	8047 STIMIE AVENUE NORTH	Address	14910 56TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33710	City-State-Zip:	CLEARWATER FL 33760

that my name appears above, or on an attachment with all other like empowered. 04/28/2022

MGR

Certificate of Status Desired: No

FILED Apr 28, 2022 Secretary of State 0184686084CC

Date

Date