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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

# Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

SIGNATURE: ERIK D DAVIS

Title	AMBR	Title	AMBR
Name	DAVIS, ERIK D	Name	DAVIS, ANDREA M
Address	609 EAGLE ROCK PLACE	Address	609 EAGLE ROCK PLACE
City-State-Zip:	SMYRNA TN 37167	City-State-Zip:	SMYRNA TN 37167

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.

### FEI Number: 86-3626958

# Name and Address of Current Registered Agent:

DAVIS, ANDREA M 123 ROBIN LANE PANAMA CITY BEACH, FL 32407 US

DOCUMENT# L21000172949

### Entity Name: 123 ROBIN'S NEST LLC

### **Current Principal Place of Business:**

123 ROBIN LANE PANAMA CITY BEACH, FL 32407

### **Current Mailing Address:**

609 EAGLE ROCK PLACE SMYRNA, TN 37167

# Certificate of Status Desired: No

03/10/2023 Date

FILED Mar 10, 2023

Secretary of State

8052312902CC

Date

AMBR

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT