

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000238729

**Entity Name:** 218 SW ATLANTA, LLC**Current Principal Place of Business:**218 SW ATLANTA AVENUE  
STUART, FL 34994**Current Mailing Address:**218 SW ATLANTA AVENUE  
STUART, FL 34994**FEI Number:** 86-4000446**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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 MANAGER  
Name HOLLIDAY, MATTHEW THOMAS  
Address 5824 W GARDEN POINTE DR  
City-State-Zip: STILLWATER OK 74074

Title MANAGER  
Name HOLLIDAY, LESLEE ANN  
Address 5824 W GARDEN POINTE DR  
City-State-Zip: STILLWATER OK 74074

Title MEMBER  
Name MATTHEW THOMAS HOLLIDAY  
FAMILY TRUST DATED JANUARY 28,  
2009  
Address 5824 W GARDEN POINTE DR  
City-State-Zip: STILLWATER OK 74074

Title MEMBER  
Name LESLEE ANN HOLLIDAY FAMILY  
TRUST DATED JANUARY 28, 2009  
Address 5824 W GARDEN POINTE DR  
City-State-Zip: STILLWATER OK 74074

Title MEMBER  
Name DEMARTA, DR DEBORAH  
Address 218 SW ATLANTA AVENUE  
City-State-Zip: STUART FL 34994

*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:** LESLEE HOLLIDAY

MEMBER

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date