

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000242832

**Entity Name:** 980 OVIEDO BLVD, LLC

**Current Principal Place of Business:**

420 HILLCREST DR  
OVIEDO, FL 32765

**Current Mailing Address:**

420 HILLCREST DR  
OVIEDO, FL 32765 US

**FEI Number:** 87-1606047

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOWMAN JR, WILLIAM R ESQ  
SHUFFIELD, LOWMAN & WILSON, P.A.  
1000 LEGION PL STE 1700  
ORLANDO, FL 32801 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           SMITH, TIMOTHY S  
Address        3965 DANDELION COVE  
City-State-Zip: OVIEDO FL 32766

Title           MANAGER  
Name           SMITH, SHELIA M  
Address        3965 DANDELION COVE  
City-State-Zip: OVIEDO FL 32766

Title           MANAGER  
Name           LOWMAN, WILLIAM R JR  
Address        420 HILLCREST DR  
City-State-Zip: OVIEDO FL 32765

*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:** WILLIAM R. LOWMAN, JR.

**MANAGER**

**04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date