

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000254271

**Entity Name:** 87 INVESTMENT GROUP LLC

**Current Principal Place of Business:**

1809 EAST BROADWAY  
SUITE 355  
OVIDO, FL 32765

**Current Mailing Address:**

1809 EAST BROADWAY  
SUITE 355  
OVIDO, FL 32765 UN

**FEI Number:** 87-1042773

**Certificate of Status Desired:** No

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

MCRAE, PAUL JR  
1809 EAST BROADWAY  
SUITE 355  
OVIDO, FL 32765 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	AMBR
Name	MCRAE, PAUL JR
Address	4391 MEADOW VISTA DRIVE
City-State-Zip:	LITHONIA GA 30038
Title	AMBR
Name	TURNER, KEVIN
Address	1809 EAST BROADWAY, SUITE 355
City-State-Zip:	OVIDO FL 32765
Title	AMBR
Name	BLAIR, GARRETT
Address	4402 VOYAGER DRIVE
City-State-Zip:	FRISCO TX 75034

Title	AMBR
Name	SMITH, JEFF
Address	8429 108TH STREET
City-State-Zip:	SEMINOLE FL 33772
Title	AMBR
Name	TAYLOR, JOHN
Address	670 ASPEN LEAF DRIVE
City-State-Zip:	PONTE VERDE FL 32081

*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:** MCRAE, PAUL, JR

**PRESIDENT**

**03/30/2022**

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

\_\_\_\_\_  
Date