

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000304435

**Entity Name:** ANNA W TURNER LLC

**Current Principal Place of Business:**

15964 MUIRFIELD COURT  
FORT MYERS, FL 33908

**Current Mailing Address:**

15964 MUIRFIELD COURT  
FORT MYERS, FL 33908 US

**FEI Number:** 83-3006158

**Certificate of Status Desired:** No

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

TURNER, ANNA W  
15964 MUIRFIELD COURT  
FORT MYERS, FL 33908 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           | MGR                   | Title           | MGR                   |
| Name            | TURNER, PETER J       | Name            | TURNER, ANNA W        |
| Address         | 15964 MUIRFIELD COURT | Address         | 15964 MUIRFIELD COURT |
| City-State-Zip: | FORT MYERS FL 33908   | City-State-Zip: | FORT MYERS FL 33908   |

*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:** PETER TURNER

**MANAGER**

**02/28/2022**

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

\_\_\_\_\_  
Date