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: DAVID W DAVENPORT	MGR/AMBR	04/07/2023			

MGR/AMBR

SIGNATURE: DAVID W DAVENPORT

I

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 8 N EDWARDS ST PLANT CITY LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**8 N EDWARDS STREET** PLANT CITY, FL 33563

## **Current Mailing Address:**

DOCUMENT# L22000183925

2924 FOREST HAMMOCK DRIVE PLANT CITY, FL 33566 US

## FEI Number: 88-2816247

## Name and Address of Current Registered Agent:

DAVENPORT, DAVID W 2924 FOREST HAMMOCK DRIVE PLANT CITY, FL 33566 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	E: DAVID W DAVENPORT			04/07/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	MGR/AMBR		
Name	DAVENPORT, JEAN ANN	Name	DAVENPORT, DAVID W		
Address	2924 FOREST HAMMOCK DRIVE	Address	2924 FOREST HAMMOCK DRIV	Έ	
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	PLANT CITY FL 33566		

Certificate of Status Desired: No

FILED Apr 07, 2023 Secretary of State 4135619116CC

Date