

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008970

**Entity Name:** 7133 123RD CIRCLE NORTH, LLC**Current Principal Place of Business:**7133 123RD CIRCLE NORTH  
LARGO, FL 33773**Current Mailing Address:**525 CONEY ISLAND DR  
SPARKS, NV 89431 US**FEI Number:** 47-1465365**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RANKIN, RANDY B  
7133 123RD CIRCLE NORTH  
LARGO, FL 33773 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                 |
| Name            | RANKIN, WAYNE C     |
| Address         | 525 CONEY ISLAND DR |
| City-State-Zip: | SPARKS NV 89431     |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | RANKIN, RANDY B         |
| Address         | 7133 123RD CIRCLE NORTH |
| City-State-Zip: | LARGO FL 33773          |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | RANKIN, LEE L       |
| Address         | 525 CONEY ISLAND DR |
| City-State-Zip: | SPARKS NV 89431     |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | MCRAE, ALLYSON            |
| Address         | 525 CONEY ISLAND DR       |
| City-State-Zip: | SPARKS NV 89431           |

*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:** ALLYSON MCRAE**ASSISTANT CONTROLLE** 04/08/2019\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date