

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000000047

Entity Name: ADDISON LONGWOOD OWNER, LLC**Current Principal Place of Business:**237 S. WESTMONTE DRIVE, SUITE 140
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**237 S. WESTMONTE DRIVE, SUITE 140
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 85-4332232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHAFFER, JOHN A
237 S. WESTMONTE DRIVE, SUITE 140
ALTAMONTE SPRINGS, FL 32714 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	AP
Name	SCHAFFER, JOHN A
Address	237 S. WESTMONTE DRIVE, SUITE 140
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AUTHORIZED MEMBER
Name	OGIER, MARK
Address	237 S. WESTMONTE DRIVE, SUITE 140
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	AUTHORIZED MEMBER
Name	OGIER, STEVEN
Address	237 S. WESTMONTE DRIVE, SUITE 140
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: JOHN SCHAFFER**AUTHORIZED PERSON****02/16/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date