

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003406

**Entity Name:** ST. JOHNS LLC

**Current Principal Place of Business:**

1096 OSWEGO LANE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

1096 OSWEGO LANE  
THE VILLAGES, FL 32162 US

**FEI Number:** 45-0499069

**Certificate of Status Desired:** No

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

FIGUEIREDO, MARIE T  
1096 OSWEGO LANE  
THE VILLAGES, FL 32162 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 MGRM  
Name FIGUEIREDO, MARIE T  
Address 530 S. RONALD REAGAN BLVD. #100  
City-State-Zip: LONGWOOD FL 32750

Title AUTHORIZED MEMBER  
Name QUINN, PATRICIA A  
Address 14422 LAKESIDE VIEW WAY  
City-State-Zip: CYPRESS TX 77429

Title AUTHORIZED MEMBER  
Name HOWARD, JAMIE M  
Address 7249 E WYNFIELD LOOP  
City-State-Zip: MIDLAND GA 31820

*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:** FIGUEIREDO MARIE

MANAGER

01/21/2022

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

\_\_\_\_\_  
Date