

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000047801

**Entity Name:** WEEPING WILLOW DEVELOPMENT OF SW FLORIDA, LLC

**Current Principal Place of Business:**

1031 SE 9TH PLACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

13300-56 S. CLEVELAND AVE  
PMB 236  
FORT MYERS, FL 33907

**FEI Number:** 90-0177126

**Certificate of Status Desired:** No

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

OWENS, BRIAN  
13300-56 S. CLEVELAND AVE.  
PMB 236  
FORT MYERS, FL 33907 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 OWENS, BRIAN  
Address 11300 LINDBERGH BLVD. , SUITE 103-236  
City-State-Zip: FORT MYERS FL 33913

*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:** BRIAN OWENS

**MANAGER**

**01/20/2020**

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

\_\_\_\_\_  
Date