

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000054275

**Entity Name:** TOWN CENTER AT ST. JOHNS, LLC

**Current Principal Place of Business:**

6525 3RD STREET, #409  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

6525 3RD STREET, #409  
ROCKLEDGE, FL 32955 US

**FEI Number:** 20-1452687

**Certificate of Status Desired:** No

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

NOHRR, PHILIP FESQ.  
1800 W. HIBISCUS BLVD.  
SUITE 138  
MELBOURNE, FL 32901 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	Title	P
Name	KODSI, ROBERT	Name	KODSI, MAURICE
Address	6525 3RD STREET, #409	Address	6525 3RD STREET, #409
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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:** ROBERT KODSI

**MGRM**

**01/27/2020**

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

\_\_\_\_\_  
Date