

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092752

**Entity Name:** IOA PROPERTIES II, LLC

**Current Principal Place of Business:**

1855 WEST S.R. 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

1855 WEST S.R. 434  
LONGWOOD, FL 32750 US

**FEI Number:** 20-2136484

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 CFO  
Name MASTERS, GREGORY  
Address 1855 WEST S.R. 434  
City-State-Zip: LONGWOOD FL 32750

Title MANAGER  
Name RITENOUR, HEATH  
Address 1855 WEST S.R. 434  
City-State-Zip: LONGWOOD FL 32750

Title MANAGING MEMBER  
Name IOA GROUP, LLC  
Address 1855 WEST S.R. 434  
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY  
Name WICK, JOHN  
Address 1855 WEST S.R. 434  
City-State-Zip: LONGWOOD FL 32750

*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:** HEATH RITENOUR

MANAGER

04/21/2021

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

\_\_\_\_\_  
Date