

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000018705

**Entity Name:** 5835 SOUTH BRANNEN ROAD, LLC

**Current Principal Place of Business:**

317 WEST HIGHLAND DRIVE  
#101  
LAKELAND, FL 33813

**Current Mailing Address:**

317 WEST HIGHLAND DRIVE  
#101  
LAKELAND, FL 33813

**FEI Number:** 26-0557933

**Certificate of Status Desired:** No

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

STITZEL, RAQUEL  
317 W. HIGHLAND DR. #101  
LAKELAND, FL 33813 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           MANAGER  
Name           STITZEL, ARTHUR L  
Address        317 WEST HIGHLAND DRIVE, #101  
City-State-Zip: LAKELAND FL 33813

Title           MANAGER  
Name           DAVENPORT, ORVILLE P  
Address        317 WEST HIGHLAND DRIVE, #101  
City-State-Zip: LAKELAND FL 33813

Title           MANAGER  
Name           STITZEL, RAQUEL  
Address        317 WEST HIGHLAND DRIVE, #101  
City-State-Zip: LAKELAND FL 33813

Title           MANAGER  
Name           DAVENPORT, LINDA  
Address        317 WEST HIGHLAND DRIVE, #101  
City-State-Zip: LAKELAND FL 33813

*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:** ARTHUR L. STITZEL

**MANAGER**

**03/12/2019**

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

\_\_\_\_\_  
Date