

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043503

Entity Name: MATANZAS CORPORATION, LLC**Current Principal Place of Business:**333 FIDDLER'S POINT DRIVE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**333 FIDDLER'S POINT DRIVE
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 20-8906202**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESHANE, GEOFFREY D CPA
44 S DIXIE HWY
SAINT AUGUSTINE, FL 32084 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:** GEOFFREY D LESHANE CPA EA

04/25/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------|
| Title | MGRM |
| Name | OXFORD, GREGORY E DDS,PHD |
| Address | 806 SUMMER BAY DRIVE |
| City-State-Zip: | SAINT AUGUSTINE FL 32084 |

| | |
|-----------------|--------------------------|
| Title | MGRM |
| Name | OXFORD, ISABELL G DMD |
| Address | 806 SUMMER BAY DRIVE |
| City-State-Zip: | SAINT AUGUSTINE FL 32084 |

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: GREGORY OXFORD

MANAGER

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date