

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107708

**Entity Name:** 6811 VISITOR'S CIRCLE, LLC

**Current Principal Place of Business:**

12517 PARK AVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

P.O. BOX 621115  
ORLANDO, FL 32862 US

**FEI Number:** 35-2313249

**Certificate of Status Desired:** No

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

MEMARPOURI, MEHRDAD  
12517 PARK AVE  
WINDERMERE, FL 34786 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	KARML FAMILY, LLC	Name	SHAN FAMILY, LLC
Address	P.O. BOX 621115	Address	PO BOX 620623
City-State-Zip:	ORLANDO FL 32862	City-State-Zip:	ORLANDO FL 32862

*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:** MEHRDAD MEMARPOURI

**MANAGER**

**04/27/2023**

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

\_\_\_\_\_  
Date