

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057907

Entity Name: 7807 BAYMEADOWS ROAD EAST #207, LLC

Current Principal Place of Business:

13743 SAXON LAKE DRIVE
JACKSONVILLE, FL 32225-2624

Current Mailing Address:

13743 SAXON LAKE DRIVE
JACKSONVILLE, FL 32225-2624

FEI Number: 26-2838674

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAZIER, W. ROBINSON
1515 RIVERSIVE AVE., SUITE A
JACKSONVILLE, FL 32204 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 MGR
Name PETR, MICHAEL J. MD
Address 13743 SAXON LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32225-2624

Title MGR
Name KOSTUR, ALEXANDRA M. MD
Address 13743 SAXON LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32225-2624

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: ALEXANDRA KOSTUR, MD

MANAGER

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date