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.

		-,		
SIGNATU	JRE: LC	DUIS E	VOGT	

I

#### Authorized Person(s) Detail :

Authorized Person(s) Detail.					
Title	MGR	Title	MGR		
Name	VOGT, LOUIS E	Name	ZIMMERMAN, SCOTT		
Address	501 N MAGNOLIA AVENUE	Address	501 N MAGNOLIA AVENUE		
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801		

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.

# **501 N MAGNOLIA AVENUE**

DOCUMENT# L08000058734

501 N MAGNOLIA AVENUE ORLANDO, FL 32801

**Current Principal Place of Business:** 

ORLANDO, FL 32801 US

**Current Mailing Address:** 

#### FEI Number: 26-2877996

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VOGT, LOUIS E **501 N MAGNOLIA AVENUE** ORLANDO, FL 32801 US

SIGNATURE:

Certificate of Status Desired: No

FILED Mar 12, 2020 Secretary of State 0275955993CC

Date

03/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

Date

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: BRM SOUTHEAST MARINER'S COVE HOLDINGS, LLC