

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071485

**Entity Name:** 420 PLACE LLC

**Current Principal Place of Business:**

420 4TH AVE STE B  
INDIALANTIC, FL 32903

**Current Mailing Address:**

PO BOX 33902  
INDIALANTIC, FL 32903 US

**FEI Number:** 26-3041938

**Certificate of Status Desired:** No

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

COVER III, NELSON  
210 MELBOURNE AVENUE  
INDIALANTIC, FL 32903 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 COVER III, NELSON  
Address 210 MELBOURNE AVENUE  
City-State-Zip: INDIALANTIC FL 32903

*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:** NELSON COVER III

**MANAGER**

**01/09/2023**

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

\_\_\_\_\_  
Date