

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099902

Entity Name: 16259 US 19, L.L.C.

Current Principal Place of Business:

18535 BURRELL RD.
ODESSA, FL 33556

Current Mailing Address:

18535 BURRELL RD.
ODESSA, FL 33556 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARFONE, KAREN
18535 BURRELL RD.
ODESSA, FL 33556 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: KAREN SCARFONE

03/09/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SCARFONE, KAREN L	Name	KOVACH, V DENISE
Address	18535 BURRELL RD.	Address	3347 KENTSHIRE BLVD
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	OCOEE FL 34761

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: V DENISE KOVACH

VP

03/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date