

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116657

Entity Name: AFTON PROPERTIES, LLC**Current Principal Place of Business:**13574 VILLAGE PARK DRIVE
SUITE 205
ORLANDO, FL 32824**Current Mailing Address:**13574 VILLAGE PARK DRIVE
SUITE 205
ORLANDO, FL 32824**FEI Number:** 26-3930968**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**P & D MANAGEMENT, LLC
1655 N. CLYDE MORRIS BLVD., STE. 1
DAYTONA BEACH, FL 32117 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	PENA, CARLOS E
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824
Title	VP
Name	PENA COLMENARES, JOCELYN C
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824
Title	VP
Name	PENA COLMENARES, JESSIKA C
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824

Title	MGR
Name	PENA, MAGDA I
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824
Title	VP
Name	PENA COLMENARES, JOHANNA C
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824
Title	VP
Name	PENA COLMENARES, JENNY C
Address	13574 VILLAGE PARK DRIVE SUITE 205
City-State-Zip:	ORLANDO FL 32824

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: CARLOS E PENA**MANAGER****01/12/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date