**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 17, 2021**
**Secretary of State**
**9781523838CC**

DOCUMENT# L09000086467

**Entity Name:** 5310 TOWER ROAD, L.L.C.

**Current Principal Place of Business:**

5310 TOWER ROAD
TALLAHASSEE, FL 32303

**Current Mailing Address:**

5310 TOWER ROAD
TALLAHASSEE, FL 32303

**FEI Number: 27-2187443**

**Certificate of Status Desired:** No

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

PADGETT, TIMOTHY DESQ.
2878 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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 | Title | MGRM |
| Name | MAXWELL, LANCE E | Name | MAXWELL, CONNIE J |
| Address | 5200 SHADY REST RD | Address | 5200 SHADY REST RD |
| City-State-Zip: | HAVANA FL 32333 | City-State-Zip: | HAVANA FL 32333 |

*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: CONNIE MAXWELL MGRM 02/17/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date