

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000062227

Entity Name: SUMMERVILLE RETAIL, LLC**Current Principal Place of Business:**400 CLEMATIS STREET, SUITE 201
WEST PALM BEACH, FL 33401**Current Mailing Address:**2851 JOHN STREET, SUITE ONE
MARKHAM, ONTARIO L3R 5R7 CA**FEI Number:** 27-2862698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	MANAGER
Name	GREEN, ROBERT S.
Address	2851 JOHN STREET, SUITE ONE
City-State-Zip:	MARKHAM ONTARIO L3R 5R7

Title	MANAGER
Name	PRESTON, JOHN W.S.
Address	400 CLEMATIS STREET, SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MANAGER
Name	PRESTON, JEFFREY W.
Address	400 CLEMATIS STREET, SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MANAGER
Name	CROSBY, MICHAEL
Address	400 CLEMATIS STREET, SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401

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: ROBERT S. GREEN**MANAGER, BY LYNNETTE 04/21/2021**
PENALBERT, ATTORNEY-
IN-FACT_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date