

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106694

**Entity Name:** STAFFORDSHIRE LLC

**Current Principal Place of Business:**

2618-44ST W.  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

18167 HORIZON VIEW BLVD  
LEHIGH ACRES, FL 33971

**FEI Number:** 45-3834234

**Certificate of Status Desired:** Yes

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

LYNN J GRIFFITH PA  
8140 COLLEGE PARKWAY  
STE 106  
FORT MYERS, FL 33919 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:** LYNN GRIFFITH

01/05/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                     |
|-----------------|-------------------------|-----------------|---------------------|
| Title           | MGR                     | Title           | VP                  |
| Name            | WINTER, MONICA          | Name            | BADER, SHARON       |
| Address         | 18167 HORIZON VIEW BLVD | Address         | 6429 E HEARN RD     |
| City-State-Zip: | LEHIGH ACRES FL 33972   | City-State-Zip: | SCOTTSDALE AZ 85254 |

*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:** MONICA WINTER

**PRESIDENT**

01/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date