

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000107181

Entity Name: 2930 WELLINGTON CIRCLE LLC

Current Principal Place of Business:

2123 CENTRE POINTE BLVD
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 16157
TALLAHASSEE, FL 32317 US

FEI Number: 46-0843179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISCONTI, FRANK
2123 CENTRE POINTE BLVD
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	FLV, INC	Name	PRIDGEON, LISA VISCONTI
Address	PO BOX 16157	Address	PO BOX 16157
City-State-Zip:	TALLAHASSEE FL 32317	City-State-Zip:	TALLAHASSEE FL 32317

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: LISA VISCONTI PRIDGEON

MGRM

01/07/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date