### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000163976

Entity Name: TARTINI AT ROCK SPRINGS RIDGE, LLC

## **Current Principal Place of Business:**

625 ROCK RIDGE BOULEVARD APOPKA, FL 32712

# **Current Mailing Address:**

625 ROCK RIDGE BOULEVARD APOPKA, FL 32712 US

## FEI Number: 46-4164891

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

MERRIWEATHER, WILLIAM BRANDON 625 ROCK RIDGE BOULEVARD APOPKA, FL 32712 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	E: WILLIAM MERRIWEATHER		04/15/2019
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	AUTHORIZED MEMBER	Title	MANAGER
Name	MULLER, THOMAS	Name	MERRIWEATHER, WILLIAM BRANDON
Address	625 ROCK RIDGE BOULEVARD	Address	625 ROCK RIDGE BOULEVARD
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Tille	AUTHORIZED MEMBER		
Name	HANDY, MIKE	Name	GLOVER, RAYMOND
Address	625 ROCK RIDGE BOULEVARD	Address	625 ROCK RIDGE BOULEVARD
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712

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: THOMAS MULLER

MEMBER

04/15/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 15, 2019 Secretary of State 1340480006CC

Certificate of Status Desired: No