

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023413

**Entity Name:** SANTONA QUARTERS, LLC

**Current Principal Place of Business:**

C/O REGISTER & COMPANY, P.A.  
1430 S. DIXIE HWY, SUITE 315  
CORAL GABLES, FL 33146-3174

**Current Mailing Address:**

C/O REGISTER & COMPANY, P.A.  
1430 S. DIXIE HWY, SUITE 315  
CORAL GABLES, FL 33146-3174 US

**FEI Number:** 46-4788373

**Certificate of Status Desired:** No

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

QUINN DIXON, SHARON  
STEARNS WEAVER MILLER ET AL.  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 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 M  
Name RUST, ROBERT W AS TRUSTEE  
Address C/O REGISTER & COMPANY, P.A.  
1430 S. DIXIE HWY, SUITE 315  
City-State-Zip: CORAL GABLES FL 33146-3174

*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 W. RUST

**MANAGING MEMBER**

**03/08/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date