**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jun 18, 2020**
**Secretary of State**
**2831573225CC**

DOCUMENT# L15000028155

**Entity Name:** 6810-153, LLC

**Current Principal Place of Business:**

KEY WEST PROFESSIONAL CENTER
1342 COLONIAL BLVD B905
FORT MYERS, FL 33907

**Current Mailing Address:**

PO BOX 60014
FORT MYERS, FL 33906

**FEI Number: 47-3124731**

**Certificate of Status Desired:** No

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

LUPU, SORIN
KEY WEST PROFESSIONAL CENTER
1342 COLONIAL BLVD B905
FORT MYERS, FL 33907 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 |
| Name | LUPU, SORIN |
| Address | PO BOX 60014 |
| City-State-Zip: | FORT MYERS FL 33906 |

*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: SORIN J LUPU MANAGER 06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date