## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000069046

Entity Name: TAVISTOCK EAST SERVICES, LLC

**Current Principal Place of Business:** 

6900 TAVISTOCK LAKES BLVD.

SUITE 200

ORLANDO, FL 32827

**Current Mailing Address:** 

6900 TAVISTOCK LAKES BLVD.

SUITE 200

ORLANDO, FL 32827 US

FEI Number: 47-3777651 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 S PINE ISLAND ROAD PLANTATION, FL 33324 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: PETER F. SOUZA, ASSISTANT SECRETARY 03/23/2023

**Electronic Signature of Registered Agent** 

Date

FILED Mar 23, 2023

**Secretary of State** 

9078468905CC

Authorized Person(s) Detail:

Title VP, SECRETARY Title VP

Name RENCORET, MICHELLE R. Name BEATY, CLINT

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VP

Name BEUCHER, NICHOLAS F III Name WEAVER, BENJAMIN A

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title P Title VP

Name COLLIN, T CRAIG Name PARIS, FRANCIS B JR.

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VPT

Name ADAMS, ROBERT B Name BYRNES, DANIEL

Address 6900 TAVISTOCK LAKES BLVD. Address 6900 TAVISTOCK LAKES BLVD.

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

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: BENJAMIN A. WEAVER VICE PRESIDENT 03/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date