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.

OFFICER

SIGNATURE: G. DOUGLAS MCDOWELL

Electronic Signature of Signing Authorized Person(s) Detail

MCDOWELL, G. DOUGLAS 13119 N. FLÓRIDA AVENUE SUITE #27 TAMPA, FL 33612 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MCDOWELL, G. DOUGLAS	Name	MCDOWELL, PATRICIA A
Address	PO BOX 17941	Address	PO BOX 17941
City-State-Zip:	TAMPA FL 33682-7941	City-State-Zip:	TAMPA FL 33682-7941

Entity Name: ARBOR HAVEN MOBILE HOME COURT, LLC

Current Principal Place of Business:

13119 N. FLORIDA AVENUE SUITE #27 TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 17941 TAMPA, FL 33682 US

FEI Number: 47-4762155

Name and Address of Current Registered Agent:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000134417

FILED Jan 21, 2022 Secretary of State 5988391043CC

Certificate of Status Desired: No

01/21/2022

Date