

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085979

**Entity Name:** LGI D-3, LLC

**Current Principal Place of Business:**

4006 SAN LUIS ST  
TAMPA, FL 33629

**Current Mailing Address:**

4006 SAN LUIS ST  
TAMPA, FL 33629 UN

**FEI Number: 81-2545942**

**Certificate of Status Desired:** No

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

ROBERT WALKER CPA PA  
2803 W BUSCH BLVD STE 106  
TAMPA, FL 33618 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 MBR  
Name WALKER, ROBERT  
Address 4006 SAN LUIS ST  
City-State-Zip: TAMPA FL 33629

Title MBR  
Name WALKER, AUDREY E  
Address 4006 SAN LUIS ST  
City-State-Zip: TAMPA FL 33629

Title MBR  
Name ANDERSON, ALISON L  
Address 4006 SAN LUIS ST  
City-State-Zip: TAMPA 33629

Title MBR  
Name WALKER, ALEX C  
Address 4006 SAN LUIS ST  
City-State-Zip: TAMPA FL 33629

*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 WALKER**

**MBR**

**03/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date