

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000093379

**Entity Name:** BISCAYNE LAKES ESTATES, LLC

**Current Principal Place of Business:**

3087 HAMMOND ROAD  
FORT PIERCE, FL 34946

**Current Mailing Address:**

3087 HAMMOND ROAD  
FORT PIERCE, FL 34946 US

**FEI Number:** 59-1828368

**Certificate of Status Desired:** No

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

ROBINSON, JAMES T. SR.  
3087 HAMMOND ROAD  
FORT PIERCE, FL 34946 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:** JAMES T. ROBINSON, SR.

02/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR, PRESIDENT  
Name ROBINSON, JAMES T SR.  
Address 3087 HAMMOND ROAD  
City-State-Zip: FORT PIERCE FL 34946

Title VICE PRESIDENT  
Name ROBINSON, ANTHONY J  
Address 3087 HAMMOND ROAD  
City-State-Zip: FORT PIERCE FL 34946

Title VICE PRESIDENT  
Name ROBINSON, JAMES T. JR.  
Address 3087 HAMMOND ROAD  
City-State-Zip: FORT PIERCE FL 34946

Title SECRETARY TREASURER  
Name ROBINSON, PATSY S.  
Address 3087 HAMMOND ROAD  
City-State-Zip: FORT PIERCE FL 34946

*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:** JAMES T ROBINSON

MANAGING MEMBER

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date