

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000230560

**Entity Name:** REALIFE FLORIDA 41 LLC

**Current Principal Place of Business:**

6900 PHILLIPS HWAY  
SUITE 26  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6900 PHILLIPS HWAY  
SUITE 26  
JACKSONVILLE, FL 32216 US

**FEI Number:** 82-1330978

**Certificate of Status Desired:** No

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

PANDO, OR  
6900 PHILLIPS HWAY  
SUITE 26  
JACKSONVILLE, FL 32216 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            AUTHORIZED MEMBER  
Name            BLAICHFAILD, LITAL  
Address        6900 PHILLIPS HWAY  
                  SUITE 26  
City-State-Zip: JACKSONVILLE FL 32216

*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:** BLAICHFAILD , LITAL

**OWNER**

**01/18/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date