# 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: CHRISTINE FARRELLY

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 201 NORTH DIXIE AVE, LLC **Current Principal Place of Business:** 

DOCUMENT# L17000023050

2508 N GRIFFIN DRIVE LEESBURG, FL 34748

### **Current Mailing Address:**

2508 N GRIFFIN DRIVE LEESBURG. FL 34748

#### FEI Number: 82-5079301

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

MCHALE, MATTHEW J 2508 N GRIFFIN DRIVE LEESBURG, FL 34748 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MCHALE, MATTHEW J	Name	FARRELLY, CHRISTINE A
Address	2508 N GRIFFIN DRIVE	Address	2508 N GRIFFIN DRIVE
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748

MANAGER

Certificate of Status Desired: No

02/07/2019

Date

## FILED Feb 07, 2019 Secretary of State 6075419703CC

Date