

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000078608

Entity Name: CAPITAL CITY FLYERS LLC**Current Principal Place of Business:**7853 PARLIAMENT CT
TALLAHASSEE, FL 32309**Current Mailing Address:**7853 PARLIAMENT CT
TALLAHASSEE, FL 32309 US**FEI Number:** 82-1761563**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALMER, ROBERT H
7853 PARLIAMENT CT
TALLAHASSEE, FL 32309 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 MGR
Name PALMER, ROBERT H
Address 7853 PARLIAMENT CT
City-State-Zip: TALLAHASSEE FL 32309Title MGR
Name HAZLIP, JAMES W
Address 556 VALLEY VIEW RD
City-State-Zip: MONTICELLO FL 32344Title MGR
Name LANCASTER, ANTHONY J
Address 5975 ANSEL FERREL RD.
City-State-Zip: TALLAHASSEE FL 32309Title MGR
Name FISHER, RONALD G
Address 816 DERBYSHIRE RD
City-State-Zip: TALLAHASSEE FL 32312Title MGR
Name BENTZ, STEVEN J
Address 523 OAKLANDS PLANTATION RD
City-State-Zip: MONTICELLO FL 32344

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 H PALMER

MGR

03/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date