# 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: DEBRA KLEIN

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

01/11/2021

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000100014

Entity Name: BARBER KLEIN - FORESIGHT JV, LLC

#### Current Principal Place of Business:

7254 GOLDEN WINGS ROAD, SUITE 9 JACKSONVILLE, FL 32244

## **Current Mailing Address:**

7254 GOLDEN WINGS ROAD, SUITE 9 JACKSONVILLE, FL 32244 US

#### FEI Number: 36-4867357

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

KLEIN, DEBRA 7254 GOLDEN WINGS ROAD, SUITE 9 JACKSONVILLE, FL 32244 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                     | : DEBRA KLEIN                            |                 |                                    | 01/11/2021 |
|-------------------------------|--|-----------------|------------------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                                    | Date       |
| Authorized Person(s) Detail : |  |                 |                                    |            |
| Title                         | MGR                                      | Title           | MGR                                |            |
| Name                          | SEGARRA, JUAN MR                         | Name            | KLEIN, DEBRA                       |            |
| Address                       | 7254 GOLDEN WINGS ROAD,<br>SUITE 9       | Address         | 7254 GOLDEN WINGS ROAD,<br>SUITE 9 |            |
| City-State-Zip:               | JACKSONVILLE FL 32244                    | City-State-Zip: | JACKSONVILLE FL 32244              |            |

## Certificate of Status Desired: No

Date

#### FILED Jan 11, 2021 Secretary of State 0189452029CC