

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000009352

Entity Name: TWELVE22, LLC**Current Principal Place of Business:**5675 JONES ROAD
SAINT CLOUD, FL 34771**Current Mailing Address:**PO BOX 621237
ORLANDO, FL 32862 US**FEI Number:** 82-3991568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGRADY, PAMELA L
5675 JONES ROAD
SAINT CLOUD, FL 34771 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 MANAGER
Name MCGRADY, JOSEPH P SR
Address PO BOX 621237
City-State-Zip: ORLANDO FL 32862

Title MANAGER
Name MCGRADY, PAMELA L
Address PO BOX 621237
City-State-Zip: ORLANDO FL 32862

Title AUTHORIZED REPRESENTATIVE
Name MCGRADY, JENNIFER A
Address PO BOX 621237
City-State-Zip: ORLANDO FL 32862

Title AUTHORIZED REPRESENTATIVE
Name MCGRADY, JOSEPH P JR.
Address PO BOX 621237
City-State-Zip: ORLANDO FL 32862

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: PAMELA L MCGRADY

MANAGER

01/14/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date