

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000046769

**Entity Name:** 5617 FARGO DR N LLC

**Current Principal Place of Business:**

3245 BARKLEY RD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3245 BARKLEY RD  
JACKSONVILLE, FL 32246 US

**FEI Number:** 82-4579949

**Certificate of Status Desired:** No

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

NEXGEN ACCOUNTANTS LLC  
9310 OLD KINGS RD S STE 1704  
JACKSONVILLE, FL 32257 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            AMBR  
Name            MUNOZ MENDOZA, SANTOS E  
Address         3245 BARKLEY RD  
City-State-Zip: JACKSONVILLE FL 32246

*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:** SANTOS E MUNOZ MENDOZA

**PRESIDENT**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date