

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000142075

Entity Name: MERENESS FAMILY LLC**Current Principal Place of Business:**12212 WOOD DUCK PLACE
TEMPLE TERRACE, FL 33617**Current Mailing Address:**12212 WOOD DUCK PLACE
TEMPLE TERRACE, FL 33617 UN**FEI Number:** 83-0861750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERENESS, DAVID A
12212 WOOD DUCK PLACE
TEMPLE TERRACE, FL 33617 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	MERENESS, DAVID
Address	12212 WOOD DUCK PLACE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	MBR
Name	MERENESS, VIRGINIA
Address	12212 WOOD DUCK PLACE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	MBR
Name	BLACKMORE, KATHARINE
Address	45 EMERALD CROSSING
City-State-Zip:	WESTERVILLE OH 43082

Title	MBR
Name	SHEETS, MARY
Address	404 SW TOMMY LITES ST
City-State-Zip:	LAKE CITY FL 32024

Title	MBR
Name	SCHROLL, ELIZABETH
Address	565 SUNSET KNOLL RD
City-State-Zip:	PASEDNA MD 21122

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: DAVID A MERENESS

MEMBER

01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date