

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235727

**Entity Name:** 820 CINDY CIRCLE LANE, LLC

**Current Principal Place of Business:**

820 CINDY CIRCLE LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

820 CINDY CIRCLE LANE  
WELLINGTON, FL 33414 US

**FEI Number:** 83-2219298

**Certificate of Status Desired:** No

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

WRIGHT, KEITH R  
820 CINDY CIRCLE LANE  
WELLINGTON, FL 33414 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:** KEITH R WRIGHT

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | AMBR                | Title           | AMBR                |
| Name            | WRIGHT, KEITH       | Name            | WRIGHT, MARYBETH    |
| Address         | 2356 PARK AVE. WEST | Address         | 2356 PARK AVE. WEST |
| City-State-Zip: | MANSFIELD OH 44906  | City-State-Zip: | MANSFIELD OH 44906  |

*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:** KEITH R WRIGHT

**MEMBER**

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date