

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000237186

**Entity Name:** 04SD MGT\_OZONA, LLC

**Current Principal Place of Business:**

35246 U.S. HWY 19N, PMB 167  
PALM HARBOR, FL 34684

**Current Mailing Address:**

35246 U.S. HWY 19N, PMB 167  
PALM HARBOR, FL 34684 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAYMOND, J. PAUL  
625 COURT STREET, STE 200  
CLEARWATER, FL 33756 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            MGNR  
Name            POWERS, JAMES K  
Address        35246 U.S. HWY 19N, PMB 167  
City-State-Zip: PALM HARBOR FL 34684

*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:** JAMES K POWERS

**MANAGER**

**03/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date