#### 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: RONALD MALONE

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title MGR Title MGR MALONE, RONALD Name TALLARICO, JOSEPH Name 3366 SW 10TH TERRACE Address 3366 SW 10TH TERRACE Address City-State-Zip: OCALA FL 34471

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.

#### City-State-Zip: OCALA FL 34471 Title MANAGER Name WILLIAMS, RONNIE 3366 SW 10TH TERRACE Address

City-State-Zip: OCALA FL 34471

DOCUMENT# L19000010876
Entity Name: CENTRAL FLORIDA COPPERHEADS LE/MC LLC

# **Current Principal Place of Business:**

3366 SW 10TH TERRACE OCALA, FL 34471

### **Current Mailing Address:**

3366 SW 10TH TERRACE OCALA. FL 34471 US

## FEI Number: 83-3149353

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MALONE, RONALD L 3366 SW 10TH TERRQACE OCALA, FL 34471 US

SIGNATURE:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	

### FILED Jan 29, 2020 Secretary of State 9649287358CC

Date

Certificate of Status Desired: No

01/29/2020 Date

MANAGER