# 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: SAMUEL, PHAEDRA

Electronic Signature of Signing Authorized Person(s) Detail

SEC. / TREASURER

01/28/2022

# 130 115

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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SAMUEL, PHAEDRA	Name	SAMUEL, GREGORY
Address	P.O. BOX 207	Address	P.O. BOX 207
City-State-Zip:	DELEON SPRINGS FL 32130	City-State-Zip:	DELEON SPRINGS FL 32130

DOCUMENT# L19000132654

Entity Name: SAMUEL PROPERTIES, LLC

#### Current Principal Place of Business:

5531 EAST AVE PO BOX 207 DE LEON SPRINGS, FL 32130

# **Current Mailing Address:**

P.O. BOX 207 DELEON SPRINGS, FL 32130 US

# FEI Number: 84-2051192

# Name and Address of Current Registered Agent:

SAMUEL, PHAEDRA 5531 EAST AVE PO BOX 207 DE LEON SPRINGS, FL 32130 US Certificate of Status Desired: No

100/00

Date

Date