FEI Number: 84-2541977				Certificate of Stat	Certificate of Status Desired: No		
Name and	Address of Currer	nt Registered Agent:					
#415 ORLANDO, I	DY-WINDERMERE RD. FL 32835 US med entity submits this stater	nent for the purpose of changing its registe	red office (or registered agent, or both, in the \$	State of Florida.		
	Electronic Signatur	e of Registered Agent			Date		
Authorize	d Person(s) Detail :	:					
Title	MGR		Title	AMBR			

11460 W COLONIAL DR ORLANDO, FL 34761

DOCUMENT# L19000155899

Current Mailing Address:

8815 CONROY-WINDERMERE RD. #415 ORLANDO, FL 32835 US

Current Principal Place of Business:

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Entity Name: 11460 W COLONIAL DRIVE, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Title	MGR	Title	AMBR
Name	DILL, SUSAN	Name	CHRISTENSEN FAMILY I, LLC
Address	8815 CONROY-WINDERMERE RD., #415	Address	8815 CONROY-WINDERMERE RD., #415
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

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.

MANAGER

07/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jul 14, 2022 Secretary of State 4540853034CC