

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000183764

**Entity Name:** MABRY STREET LLC

**Current Principal Place of Business:**

187 MABRY ST  
SEBASTIAN, FL 32958

**Current Mailing Address:**

9611 US HWY 1  
SUITE 300  
SEBASTIAN, FL 32958 US

**FEI Number:** 84-2560322

**Certificate of Status Desired:** No

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

SULLIVAN, JAMES P  
187 MABRY ST.  
SEBASTIAN, FL 32958 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           | MGR                | Title           | MGR                  |
| Name            | SULLIVAN, JAMES P  | Name            | SULLIVAN, PATRICIA B |
| Address         | 187 MABRY ST       | Address         | 187 MABRY ST         |
| City-State-Zip: | SEBASTIAN FL 32958 | City-State-Zip: | SEBASTIAN FL 32958   |

*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 P. SULLIVAN

**MANAGER**

**03/31/2021**

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

\_\_\_\_\_  
Date