

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000228558

**Entity Name:** EAGLE ARMS APTS, LLC

**Current Principal Place of Business:**

132 CLEAR LAKE CIRCLE  
SANFORD, FL 32773

**Current Mailing Address:**

132 CLEAR LAKE CIRCLE  
SANFORD, FL 32773 US

**FEI Number:** 83-1940587

**Certificate of Status Desired:** No

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

THOMAS, CHARLES G  
132 CLEAR LAKE CIRCLE  
SANFORD, FL 32773 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  
Name ENGLER, KATHLEEN  
Address 21065 OAK RIDGE COURT  
City-State-Zip: BROOKFIELD WI 53045

*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:** ENGLER, KATHLEEN

**MANAGER**

**02/12/2023**

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

\_\_\_\_\_  
Date