

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000281683

**Entity Name:** 2150 FOWLER RAMS PLAZA LLC

**Current Principal Place of Business:**

16 WINEWOOD CT  
FORT MYERS, FL 33919

**Current Mailing Address:**

16 WINEWOOD CT  
FORT MYERS, FL 33919 US

**FEI Number:** 84-3666121

**Certificate of Status Desired:** No

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

KRISE, RANDY L  
16 WINEWOOD CT  
FORT MYERS, FL 33919 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	KRISE, RANDY L	Name	KHOOBEHI, BAHRAM
Address	16 WINEWOOD CT	Address	16 WINEWOOD CT
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

*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:** RANDY L KRISE

MMBR

04/07/2023

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

\_\_\_\_\_ Date