

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000306548

**Entity Name:** 243 BREVARD, LLC

**Current Principal Place of Business:**

243 NORTH BREVARD AVENUE  
ARCADIA, FL 34266

**Current Mailing Address:**

P.O. BOX 349  
ARCADIA, FL 34265 US

**FEI Number:** 84-4100475

**Certificate of Status Desired:** No

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

AMBLER, LEWIS JR.  
243 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 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 MBR  
Name AMBLER, LEWIS JR.  
Address P.O. BOX 349  
City-State-Zip: ARCADIA FL 34265

*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:** LEWIS AMBLER

MEMBER

01/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date