

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000120716

Entity Name: N684T, LLC**Current Principal Place of Business:**7000 CHALLENGER AVENUE
TITUSVILLE, FL 32780**Current Mailing Address:**7000 CHALLENGER AVENUE
TITUSVILLE, FL 32780 US**FEI Number:** 85-0966270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIFAKOS, SPIROS E
471 SANDPIPER DRIVE
SATELLITE BEACH, FL 32937 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 | AMBR |
| Name | NIFAKOS, SPIROS E |
| Address | 471 SANDPIPER DRIVE |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | SALE, RAYMER M III |
| Address | 5045 FAWN LAKE BOULEVARD |
| City-State-Zip: | MIMS FL 32754 |

| | |
|-----------------|-------------------------|
| Title | AMBR |
| Name | CIACCHI, PIERCARLO |
| Address | 380 ST. REGIS DRIVE |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|-----------------|------------------------|
| Title | AMBR |
| Name | CIACCHI, CHRISTINA |
| Address | 380 ST. REGIS DRIVE |
| City-State-Zip: | MERRIT ISLAND FL 32953 |

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: SPIROS NIFAKOS**MEMBER****04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date