

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000321574

**Entity Name:** 743 WILLOWHEAD SLIP, LLC

**Current Principal Place of Business:**

743 WILLOWHEAD DRIVE  
NAPLES, FL 34103

**Current Mailing Address:**

13200 MORAN DRIVE  
N POTOMAC, MD 20878 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CHARTERS, JOE  
2435 GAME HAWK CT  
APT 1503  
NAPLES, FL 34105 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 FLASHENBERG, LEWIS  
Address 13200 MORAN DRIVE  
City-State-Zip: N POTOMAC MD 20878

Title AMBR  
Name ALLEN, BONNIE  
Address 13200 MORAN DRIVE  
City-State-Zip: N POTOMAC MD 20878

Title AMBR  
Name CHARTERS, JOE  
Address 2435 GAME HAWK CT  
APT 1503  
City-State-Zip: NAPLES FL 34105

Title AMBR  
Name CHARTERS, MARY  
Address 2435 GAME HAWK CT  
APT 1503  
City-State-Zip: NAPLES FL 34105

*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:** JOE CHARTERS

AMBR

01/05/2021

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

\_\_\_\_\_  
Date