

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000341101

**Entity Name:** PSJ 115 FIELD OF DREAMS AVE, LLC

**Current Principal Place of Business:**

250 JOHN KNOX ROAD  
SUITE 6  
TALLAHASSEE, FL 32303-4234

**Current Mailing Address:**

250 JOHN KNOX ROAD  
SUITE 6  
TALLAHASSEE, FL 32303-4234 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AUSLEY & MCMULLEN, P.A.  
123 SOUTH CALHOUN STREET  
ATTN.: ROBERT A. PIERCE, ESQ.  
TALLAHASSEE, FL 32301-1517 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            MNDJED, LLC  
Address        250 JOHN KNOX ROAD, SUITE 6  
City-State-Zip: TALLAHASSEE FL 32303-4234

*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:** MNDJED LLC

AMBR

01/31/2022

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

\_\_\_\_\_  
Date