

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000130572

Entity Name: 11000PLACIDA1703, LLC

Current Principal Place of Business:

5867 SAND BEACH DRIVE
AUBURN, NY 13021

Current Mailing Address:

5867 SAND BEACH DRIVE
AUBURN, NY 13021

FEI Number: 86-2726183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALLONEE, JAMES W
946 TAMiami TRAIL#206
PORT CHARLOTTE, FL 33948 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 | Title | MBR |
| Name | BELLNIER, ROBERTA C | Name | BELLNIER, PAUL F |
| Address | 4623 RILEY ROAD | Address | 4623 RILEY ROAD |
| City-State-Zip: | MORAVIA NY 13118 | City-State-Zip: | MORAVIA NY 13118 |
| | | | |
| Title | MBR | | |
| Name | BELLNIER, JOSEPH F | | |
| Address | 5867 SAND BEACH DRIVE | | |
| City-State-Zip: | AUBURN NY 13021 | | |

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: JOSEPH F BELLNIER

MBR

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date