# 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: ROB BABCOCK

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

**10 PORTOFINO DRIVE** 

DOCUMENT# L22000314522

PENSACOLA BEACH. FL 32561

**10 PORTOFINO DRIVE** 

PENSACOLA BEACH. FL 32561 US

Entity Name: 1006 T5 PORTOFINO, LLC

**Current Principal Place of Business:** 

## FEI Number: 88-3339996

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MCDONALD FLEMING, LLP 719 S. PALAFOX STREET PENSACOLA, FL 32502 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:

Authorized Person(s) Detail : Title MGR Title MGR BABCOCK, ROB Name Name ALLEN, JOHN H **10 PORTOFINO DRIVE** Address Address

City-State-Zip: PENSACOLA BEACH FL 32561

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 25, 2023 Secretary of State 0565530470CC

Date

Certificate of Status Desired: No

**156 A AIRWAYS DRIVE** City-State-Zip: JACKSON TN 38301

04/25/2023

Date

MANAGER