Entity Name: LARSON SANIBEL CONDO, L.C.	
Current Principal Place of Business:	
3339 W. GULF DR UNIT 4E	

3339 W. GULF DR UNIT 4E SANIBEL ISLAND, FL 33957

## **Current Mailing Address:**

3339 W. GULF DR UNIT 4E SANIBEL ISLAND, FL 33957 US

#### FEI Number: 36-3863794

# Name and Address of Current Registered Agent:

LARSON, ALLEN K. DR. 3339 W. GULF DR UNIT 4E SANIBEL ISLAND, FL 33957 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.

LLEN K. LARSON			04/14/2021
ectronic Signature of Registered Agent			Date
on(s) Detail :			
RM	Title	MGRM	
SON, ALLEN K. DR.	Name	LARSON, ALLEN KJR	
9 W. GULF DR UNIT 4E	Address	21195 RADISSON INN RD	
IIBEL ISLAND FL 33957	City-State-Zip:	EXCELSIOR MN 55331	
	ectronic Signature of Registered Agent <b>Dn(s) Detail :</b> M SON, ALLEN K. DR. W. GULF DR UNIT 4E	Actronic Signature of Registered Agent Con(s) Detail : M Title SON, ALLEN K. DR. Name W. GULF DR UNIT 4E Address	Actronic Signature of Registered Agent <b>Dn(s) Detail :</b> M Title MGRM SON, ALLEN K. DR. Name LARSON, ALLEN KJR W. GULF DR UNIT 4E Address 21195 RADISSON INN RD

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: DR. ALLEN K. LARSON

MGRM

04/14/2021

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L9300000045

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 14, 2021 Secretary of State 1180455692CC

Certificate of Status Desired: No

Date