

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000003700

**Entity Name:** 3895 OLD KINGS SP, LLC

**Current Principal Place of Business:**

C/O WILLIAM WARREN PROPERTIES, INC.  
201 WILSHIRE BLVD #102  
SANTA MONICA, CA 90401

**FILED**  
**Apr 14, 2020**  
**Secretary of State**  
**6545702982CC**

**Current Mailing Address:**

PO BOX 2034  
SANTA MONICA, FL 90406 US

**FEI Number:** 84-1833223

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGBR  
Name PORTER, CLARK  
Address C/O WILLIAM WARREN PROPERTIES,  
INC.  
201 WILSHIRE BLVD #102  
City-State-Zip: SANTA MONICA CA 90401

Title MGBR  
Name HOBIN, WILLIAM  
Address C/O WILLIAM WARREN PROPERTIES,  
INC.  
201 WILSHIRE BLVD #102  
City-State-Zip: SANTA MONICA CA 90401

Title MGBR  
Name HOBIN, TIMOTHY  
Address C/O WILLIAM WARREN PROPERTIES,  
INC.  
201 WILSHIRE BLVD #102  
City-State-Zip: SANTA MONICA CA 90401

*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:** CLARK PORTER

**MGBR**

**04/14/2020**

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

\_\_\_\_\_  
Date