

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000365171

**Entity Name:** BELLE OAKS, LLC

**Current Principal Place of Business:**

107 HERONS NEST LANE  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

107 HERONS NEST LANE  
ST. AUGUSTINE, FL 32080

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

KATHERINE H. COLD  
10151 DEERWOOD PARK BLVD., BLDG. 300, SUIT  
E 300  
JACKSONVILLE, FL 32256 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	MGR	Title	MGR
Name	BRIAN WILSON	Name	MICHELLE WILSON
Address	107 HERONS NEST LANE	Address	107 HERONS NEST LANE
City-State-Zip:	ST. AUGUSTINE FL 32080	City-State-Zip:	ST. AUGUSTINE FL 32080

*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: BRIAN WILSON**

**MANAGER**

**08/19/2021**

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

\_\_\_\_\_  
Date