

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003186

**FILED**  
**Mar 31, 2018**  
**Secretary of State**  
**CC4714768766**

**Entity Name:** EDWARD PHILIP PRASSE, III AND JULIA K. PRASSE, L.L.C.

**Current Principal Place of Business:**

3046 CLOUDLAND DRIVE  
ATTN: E P PRASSE III  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3046 CLOUDLAND DRIVE  
ATTN: E P PRASSE III  
TALLAHASSEE, FL 32312

**FEI Number:** 49-1503866

**Certificate of Status Desired:** No

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

THARPE, PRISCILLA MRS  
3303 THOMASVILLE RD.  
TALLAHASSEE, FL 32308 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	MGRM	Title	MGRM
Name	PRASSE, EDWARD PHILIP III	Name	PRASSE, JULIA K
Address	1008 CAINES HILL RD	Address	1008 CAINES HILL RD
City-State-Zip:	EDMOND OK 73034	City-State-Zip:	EDMOND OK 73034
Title	AUTHORIZED REPRESENTATIVE		
Name	PRASSE, EDWARD P IV		
Address	3046 CLOUDLAND DRIVE ATTN: E P PRASSE III		
City-State-Zip:	TALLAHASSEE FL 32312		

*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:** EDWARD P PRASSE

**MGRM**

**03/31/2018**

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

\_\_\_\_\_ Date