

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031356

**Entity Name:** SUZOR PROPERTIES, LLC

**Current Principal Place of Business:**

111 SOUTH BAY BLVD  
ANNA MARIA, FL 34216

**Current Mailing Address:**

PO BOX 4179  
ANNA MARIA, FL 34216

**FEI Number: 02-0654014**

**Certificate of Status Desired:** No

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

BROWNING, ROBERT WJR.  
1800 2ND STREET, SUITE 880  
SARASOTA, FL 34236 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           MANAGER, AUTHORIZED  
                  REPRESENTATIVE, AUTHORIZED  
                  MEMBER  
Name           SUZOR, JASON R  
Address        540 67TH ST  
City-State-Zip: HOLMES BEACH FL 34217

Title           AUTHORIZED MEMBER  
Name           SUZOR, DANIEL T  
Address        1827 GROVE ST  
City-State-Zip: SARASOTA FL 34239

Title           AUTHORIZED MEMBER  
Name           SUZOR, LEAH  
Address        540 67TH ST  
City-State-Zip: HOLMES BEACH FL 34217

Title           AUTHORIZED MEMBER  
Name           MELODY, SUZOR A  
Address        1827 GROVE ST.  
City-State-Zip: SARASOTA FL 34239

*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: JASON R. SUZOR**

**AUTHORIZED MEMBER**

**03/05/2014**

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

\_\_\_\_\_  
Date