

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006431

FILED
Apr 27, 2015
Secretary of State
CC5308787980

Entity Name: USEPPA CITRUS LLC

Current Principal Place of Business:

6900 DANIELS PKWY., STE. 29-323
FORT MYERS, FL 33912

Current Mailing Address:

3245 PEACHTREE PKWY., SUITE D-218
SUWNAEE, GA 30024

FEI Number: 27-0050123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name FLOOD, THOMAS J
Address 3245 PEACHTREE PKWY., STE D-218
City-State-Zip: SUWANEE GA 30024

Title VP, TREASURER, SECRETARY
Name OCONNOR, JOHN D
Address 3245 PEACHTREE PKWY., STE. D-218
City-State-Zip: SUWANEE GA 30024

Title VP
Name MERCER, JAMES A
Address 3245 PEACHTREE PKWY., SUITE D-218
City-State-Zip: SUWNAEE GA 30024

Title P
Name FLOOD, THOMAS J
Address 3245 PEACHTREE PKWY., STE. D-218
City-State-Zip: SUWANEE GA 30024

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: OCONNOR, JOHN D

**VP, TREASURER,
SECRETARY**

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date