

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012887

Entity Name: 4-15-03 COMPANY, LLC

Current Principal Place of Business:

21299 US HWY 27
LAKE WALES, FL 33859

Current Mailing Address:

P.O. BOX 3737
LAKE WALES, FL 33859

FEI Number: 16-1660386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEEDER, TERRI L
21299 US HWY 27
LAKE WALES, FL 33859 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 WILSON, PATRICIA JINX
Address 2200 N SCENIC HWY
City-State-Zip: BABSON PARK FL 33827

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: PATRICIA JINX WILSON

MANAGER

01/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date