

**2015 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:** WILSON, PATRICIA JINX

MGR

01/22/2015

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

\_\_\_\_\_  
Date