

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016622

**Entity Name:** YORK PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

5150 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC4962968764**

**Current Mailing Address:**

5150 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103 US

**FEI Number: 20-8055025**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	CT
Name	TCL REALTY INC	Name	LUND, THOMAS C
Address	5150 TAMIAMI TRAIL N SUITE 300	Address	5150 TAMIAMI TRAIL N SUITE 300
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	P	Title	VP
Name	LUND, T CHADWICK	Name	STORY, JOHN B
Address	5150 TAMIAMI TRAIL N SUITE 300	Address	5150 TAMIAMI TRAIL N SUITE 300
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103

*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: JOHN B STORY**

**VP**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date