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.

MGR

SIGNATURE: DAVID CRAIGHEAD

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

**Current Principal Place of Business:** 

9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613

DOCUMENT# L03000032625

9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613

## FEI Number: 20-0269591

## Name and Address of Current Registered Agent:

CRAIGHEAD, DAVID 9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613 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

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ADDISON CUSTOM HOMES OF LAKE BURDEN, LLC

## Autho

Title	MGR	Title	MGR
Name	SIMM, DENNIS R	Name	CRAIGHEAD, DAVID
Address	9000 GLEN LAKES BLVD	Address	9000 GLEN LAKES BLVD
City-State-Zip:	BROOKSVILLE FL 34613	City-State-Zip:	BROOKSVILLE FL 34613

orized Person(s) Detail :					
	MGR	Title	MGR		
	SIMM, DENNIS R	Name	CRAIGHEAD, DAVID		
S	9000 GLEN LAKES BLVD	Address	9000 GLEN LAKES BLVD		
		City State Zin			

## Certificate of Status Desired: No

FILED Feb 20, 2015 Secretary of State CC5097310805

Date

Date

02/20/2015