

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034109

**Entity Name:** FOUNTAIN PROFESSIONAL CENTRE, L.L.C.

**Current Principal Place of Business:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**Current Mailing Address:**

2045 FOUNTAIN PROFESSIONAL CT  
SUITE B  
NAVARRE, FL 32566

**FEI Number:** 56-2392979

**Certificate of Status Desired:** No

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

FOUNTAIN, KENNETH R  
2045 FOUNTAIN PROFESSIONAL CT  
SUITE A  
NAVARRE, FL 32566 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	MGR
Name	FOUNTAIN, BETTY	Name	FOUNTAIN, GREGORY V
Address	1901 RUE LA FONTAINE	Address	1901 RUE LA FONTAINE
City-State-Zip:	NAVARRE FL 32566	City-State-Zip:	NAVARRE FL 32566

*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:** BETTY FOUNTAIN

**MEMBER**

**04/25/2017**

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

\_\_\_\_\_  
Date