

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014768

Entity Name: SUMMERS & SUMMERS, L.L.C.

Current Principal Place of Business:

164 NW SPRING HOLLOW BLVD.
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 387
LAKE CITY, FL 32056

FEI Number: 20-0771831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUMMERS, WILLIAM P
164 NW SPRING HOLLOW BLVD.
LAKE CITY, FL 32055 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 MGRM
Name SUMMERS, WILLIAM P
Address P.O. BOX 387
City-State-Zip: LAKE CITY FL 32056

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: WILLIAM P SUMMERS

MGRM

01/23/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date