

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000897

Entity Name: CHRISTOPHER A. DESROCHERS, P.L.

Current Principal Place of Business:

2504 AVE. G NW
WINTER HAVEN, FL 33880

Current Mailing Address:

2504 AVE. G NW
WINTER HAVEN, FL 33880

FEI Number: 41-2162620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESROCHERS, CHRISTOPHER
2504 AVE. G NW
WINTER HAVEN, FL 33880 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 DESROCHERS, CHRISTOPHER
Address 2504 AVE. G NW
City-State-Zip: WINTER HAVEN FL 33880

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: CHRISTOPHER DESROCHERS

MGR

04/13/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date