

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000014472

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC0127650160**

**Entity Name:** NOTES LEHRMAN PROPERTIES, LLC

**Current Principal Place of Business:**

835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919

**Current Mailing Address:**

835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919

**FEI Number:** 20-2235822

**Certificate of Status Desired:** No

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

NOTES, JOEL S  
835 S. TOWN AND RIVER DR.  
FT. MYERS, FL 33919 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 NOTES, JOEL S  
Address 835 S. TOWN AND RIVER DR.  
City-State-Zip: FT. MYERS FL 33919

Title MGRM  
Name WANDA, NOTES C  
Address 835 S. TOWN AND RIVER DR.  
City-State-Zip: FT. MYERS FL 33919

Title MGR  
Name NOTES, RENEE  
Address 835 S. TOWN AND RIVER DR.  
City-State-Zip: FT. MYERS FL 33919

*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:** JOEL NOTES

**MANAGER**

**01/12/2018**

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

\_\_\_\_\_  
Date