

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016729

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC2134475338**

**Entity Name:** LAKESIDE GARDENS MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

13897 U S HIGHWAY 27  
LAKE WALES, FL 33859

**Current Mailing Address:**

2519 BORDEAUX WAY  
LUTZ, FL 33559

**FEI Number:** 20-2709305

**Certificate of Status Desired:** No

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

MCCARTHY, JOHN P  
2519 BORDEAUX WAY  
LUTZ, FL 33559 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 MCCARTHY, JOHN P  
Address 2519 BORDEAUX WAY  
City-State-Zip: LUTZ FL 33559

Title MGRM  
Name MCCARTHY, KATHERINE A  
Address 2519 BORDEAUX WAY  
City-State-Zip: LUTZ FL 33559

Title MGRM  
Name KERNON, ROBERT J  
Address 220 LAKESHORE DR N  
City-State-Zip: LAKE WALES FL 33853

*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:** JOHN MCCARTHY

**MGRM**

**01/27/2016**

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

\_\_\_\_\_  
Date