

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000004423

**Entity Name:** LARSON PROPERTIES LLC

**Current Principal Place of Business:**

409 SW 4TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 14715  
GAINESVILLE, FL 32604

**FEI Number:** 20-4099084

**Certificate of Status Desired:** No

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

LARSON, TIMOTHY  
409 SW 4TH AVENUE  
GAINESVILLE, FL 32601 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:** TIMOTHY LARSON

04/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | MGR                  | Title           | MGR                  |
| Name            | LARSON, BRET         | Name            | LARSON, TIMOTHY      |
| Address         | PO BOX 14715         | Address         | PO BOX 14715         |
| City-State-Zip: | GAINESVILLE FL 32604 | City-State-Zip: | GAINESVILLE FL 32604 |

*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:** TIMOTHY LARSON

**DIRECTOR**

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date