

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000004423

**Entity Name:** LARSON PROPERTIES LLC

**Current Principal Place of Business:**

307 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, TIM  
2046 NW 17TH LANE  
GAINESVILLE, FL 32605 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           | MGR                  | Title           | MGR                  |
| Name            | LARSON, BRET         | Name            | LARSON, TIM          |
| 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:** TIM LARSON

**DIRECTOR**

**02/26/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date