

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000013830

**Entity Name:** 8970 CHISWICK CT., L.L.C.

**Current Principal Place of Business:**

55 MT. PLEASANT RD  
BOX 98  
MT. TREMPER, NY 12457

**Current Mailing Address:**

55 MT. PLEASANT RD  
BOX 98  
MT. TREMPER, NY 12457

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DUSS, JOHN S IV  
DUSS, KENNEY, SAFER, HAMPTON & JOOS  
4348 SOUTHPOINT BLVD., SUITE 101  
JACKSONVILLE, FL 32216 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 SHIVERS, DOLLY L  
Address P.O. BOX 98  
City-State-Zip: MT. TREMPER NY 12457

*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:** DOLLY L. SHIVERS

**MANAGING MEMBER**

**01/12/2015**

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

\_\_\_\_\_  
Date