

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000038158

**Entity Name:** C.Z. WOMAN RANCH, LLC

**Current Principal Place of Business:**

101 CENTURY 21 DRIVE  
104-A  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

P. O. BOX 11508  
JACKSONVILLE, FL 32239

**FEI Number:** 20-5203636

**Certificate of Status Desired:** No

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

LUTHER, BAXTER E  
101 CENTURY 21 DRIVE  
104-A  
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 MGR  
Name LUTHER, BAXTER E  
Address 101 CENTURY 21 DRIVE SUITE 104-A  
City-State-Zip: JACKSONVILLE FL 32216

Title VP/S  
Name BRANCH, GWENDOLYN L  
Address 101 CENTURY 21 DRIVE SUITE 104-A  
City-State-Zip: JACKSONVILLE FL 32216

Title VP/T  
Name ARNOLD, PHYLLIS L  
Address 101 CENTURY 21 DRIVE SUITE 104-A  
City-State-Zip: JACKSONVILLE FL 32216

*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:** GWENDOLYN L BRANCH

VP/S

03/20/2015

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

\_\_\_\_\_  
Date