

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043654

**Entity Name:** LOVELANDS LLC

**Current Principal Place of Business:**

515 SOUTH 6TH STREET  
MACCLENLY, FL 32063

**Current Mailing Address:**

515 SOUTH 6TH STREET  
MACCLENLY, FL 32063 US

**FEI Number:** 56-2586180

**Certificate of Status Desired:** No

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

VOLZ, BRANDI R  
515 SOUTH 6TH STREET  
MACCLENLY, FL 32063 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 RHODEN, MESHELLE D  
Address 6164 HARRY REWIS ROAD  
City-State-Zip: MACCLENLY FL 32063

Title MGR  
Name VOLZ, BRANDI R  
Address 515 SOUTH 6TH STREET  
City-State-Zip: MACCLENLY FL 32063

*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:** BRANDI R. VOLZ

**MGR**

**04/09/2015**

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

\_\_\_\_\_  
Date