

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000069814

**Entity Name:** 4502 OLD WINTER GARDEN ROAD, LLC

**Current Principal Place of Business:**

4502 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

**Current Mailing Address:**

1409 SYMPHONY COURT  
ORLANDO, FL 32804 US

**FEI Number:** 20-5500048

**Certificate of Status Desired:** No

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

LILLY, ALAN F  
618 WOODWARD STREET  
ORLANDO, FL 32803 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 AMBR  
Name IRA D LILLY TRUST A UTA 01/18/89 AR 2/4/2009  
Address 1409 SYMPHONY COURT  
C/O BARBARA SAVINO, LARRY LILLY,  
ALAN LILLY CO TRUSTEES  
City-State-Zip: ORLANDO FL 32804

Title AMBR  
Name ALLEGRA A LILLY TRUST UTA 01/18/89 AR 2/4/2009  
Address 1409 SYMPHONY COURT  
C/O ALLEGRA A LILLY TRUSTEE  
City-State-Zip: ORLANDO FL 32804

Title MGR  
Name SAVINO, BARBARA  
Address 1530 JILL JENNE LANE  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name LILLY, LARRY D  
Address P.O. BOX 80  
City-State-Zip: COOL RIDGE WV 25825

Title MGR  
Name LILLY, ALAN F  
Address 618 WOODWARD STREET  
City-State-Zip: ORLANDO FL 32803

*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:** ALAN F. LILLY

**MGR**

**05/09/2019**

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

\_\_\_\_\_  
Date