#### that my name appears above, or on an attachment with all other like empowered. 05/01/2014 SIGNATURE: PAUL C BRODERSEN, TRUSTEE

**Current Principal Place of Business:** 2240 WEST CLASSIC COURT LONGWOOD. FL 32779-5818

Entity Name: 5204 STRATEMEYER, LLC

# **Current Mailing Address:**

DOCUMENT# L06000079022

2240 WEST CLASSIC COURT LONGWOOD, FL 32779-5818 US

# FEI Number: 20-5350081

# Name and Address of Current Registered Agent:

BRODERSEN, PAUL C 2240 WEST CLASSIC COURT LONGWOOD, FL 32779-5818 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

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

| Title           | MGRM                     | Title           | MGRM                        |
|-----------------|--------------------------|-----------------|-----------------------------|
| Name            | BRODERSEN, PAUL CTRUSTEE | Name            | BRODERSEN, ELIZABETH K      |
| Address         | 2240 WEST CLASSIC COURT  | Address         | 922 CAROLINA STREET         |
| City-State-Zip: | LONGWOOD FL 32779-5818   | City-State-Zip: | SAN FRANCISCO CA 94107-3337 |

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

MANAGING MEMBER

Date

# FILED May 01, 2014 Secretary of State CC9798644942

Date

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail