

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122053

**Entity Name:** 10836 LEM TURNER ROAD LLC

**Current Principal Place of Business:**

10836 LEM TURNER RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

6 SIMONSON CT  
GLEN HEAD, NY 11545

**FEI Number:** 20-8101019

**Certificate of Status Desired:** No

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

CHATPAR, PREM  
10836 LEM TURNER RD  
JACKSONVILLE, FL 32218 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 CHATPAR, PREM  
Address 6 SIMONSON CT  
City-State-Zip: GLEN HEAD NY 11545

*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:** PREM CHATPAR

**MANAGER**

**03/31/2016**

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

\_\_\_\_\_  
Date