

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000036848

**Entity Name:** LAURA LYNN, LLC

**Current Principal Place of Business:**

615 BOB SIKES RD  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

615 BOB SIKES RD  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NEENAN, BRENDA M  
615 BOB SIKES RD  
DEFUNIAK SPRINGS, FL 32435 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 ANDREWS, ANGUS GJR.  
Address P.O. BOX 405  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

*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:** ANGUS G ANDREWS JR

MGR

04/22/2015

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

\_\_\_\_\_  
Date