

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056067

**Entity Name:** 12115 LOBLOLLY PINE ROAD, LLC

**Current Principal Place of Business:**

4615 NORTH A STREET  
TAMPA, FL 33609

**Current Mailing Address:**

P.O. BOX 18402  
TAMPA, FL 33679

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CHASE, JAMES L  
101 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502 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	Title	MGRM
Name	CHASE, JANICE L	Name	CHASE , JAMES L
Address	4615 NORTH A STREET	Address	4615 NORTH A STREET
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	MGRM	Title	MGRM
Name	CHASE, MICHAEL R	Name	CHASE , JAMES L
Address	4615 NORTH A STREET	Address	4615 NORTH A STREET
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	MGRM		
Name	CHASE, MICHAEL R		
Address	4615 NORTH A STREET		
City-State-Zip:	TAMPA FL 33609		

*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:** JAMES L CHASE

MGRM

04/15/2015

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

\_\_\_\_\_  
Date