

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
Name CHASE, JANICE L
Address 4615 NORTH A STREET
City-State-Zip: TAMPA FL 33609

Title MGRM
Name CHASE, JAMES L
Address 4615 NORTH A STREET
City-State-Zip: TAMPA FL 33609

Title MGRM
Name CHASE, MICHAEL R
Address 4615 NORTH A STREET
City-State-Zip: TAMPA FL 33609

Title MGRM
Name CHASE, JAMES L
Address 4615 NORTH A STREET
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