ne and Address of Current Registered Agent:								
LIE, PATRICI NELSON RO SON, FL 37	DAD							
bove named e	ntity submits this statement for the purpose of changing	g its registered office or re	gistered agent, or both, in the Si	tate of Florida.				
NATURE:	PATRICIA A. COLLIE			01/29/2018				
	Electronic Signature of Registered Agent			Date				
norized Pe	erson(s) Detail :							
``	/P	Title	PRESIDENT					

DOCUMENT# L07000065310
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2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: 912 RAVENSWOOD DRIVE, LLC

### **Current Principal Place of Business:**

1217 NELSON ROAD DICKSON, TN 37055

### **Current Mailing Address:**

1217 NELSON ROAD DICKSON, TN 37055

# FEI Number: 26-0404875

### Name

COLLI 1217 N DICKS

SIGNATURE	E: PATRICIA A. COLLIE			01/29/201
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	VP	Title	PRESIDENT	
Name	COLLIE, ARTHUR C	Name	COLLIE, PATRICIA A	
Address	1217 NELSON ROAD	Address	1217 NELSON ROAD	
City-State-Zip:	DICKSON TN 37055	City-State-Zip:	DICKSON TN 37055	

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: PATRICIA A. COLLIE

PRESIDENT

01/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **FILED** Jan 29, 2018 Secretary of State CC1755185188

Certificate of Status Desired: No