

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000078841

**Entity Name:** 1855 VETRANS. LLC

**Current Principal Place of Business:**

1855 VETERANS PARK DRIVE #302  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 111179  
NAPLES, FL 34108-0120

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIELDS, MELISSA  
1855 VETERANS PARK DRIVE #302  
NAPLES, FL 34109 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	Title	MGR
Name	MARQUINA, CANDICE A	Name	MARQUINA, JOSE R
Address	1855 VETERANS PARK DRIVE #302	Address	1855 VETERANS PARK DRIVE #302
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

*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:** CANDICE MARQUINA

**MANAGER**

**05/21/2014**

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

\_\_\_\_\_  
Date