

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026417

**Entity Name:** ONECK TERRACE 1, LLC

**Current Principal Place of Business:**

391 INDIES DRIVE  
ORCHID, FL 32963

**Current Mailing Address:**

391 INDIES DRIVE  
ORCHID, FL 32963

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CONEFRY, MARYELLEN  
391 INDIES DRIVE  
ORCHID, FL 32963 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 CONEFRY, MARYELLEN  
Address 391 INDIES DRIVE  
City-State-Zip: ORCHID FL 32963

*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:** MARYELLEN CONEFRY

MGR

02/22/2015

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

\_\_\_\_\_  
Date