

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029541

**Entity Name:** 5718 OLD CHENEY HIGHWAY, LLC**Current Principal Place of Business:**110 EAST BROADWAY AVENUE, SUITE A  
OVIDO, FL 32765**Current Mailing Address:**PO BOX 620460  
OVIDO, FL 32762**FEI Number:** 59-6060269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANS, CHARLES W  
110 E BROADWAY  
OVIDO, FL 32765 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
Name	EVANS GROVES, INC.
Address	110 EAST BROADWAY AVENUE, SUITE A
City-State-Zip:	OVIDO FL 32765

Title	P/D
Name	EVANS, CHARLES W
Address	110 E BROADWAY
City-State-Zip:	OVIDO FL 32765

Title	VP/D
Name	EVANS, DAVID L
Address	110 E BROADWAY
City-State-Zip:	OVIDO FL 32465

Title	VP/D
Name	EVANS, JOHN WJR
Address	110 E BROADWAY
City-State-Zip:	OVIDO FL 32765

Title	ST/D
Name	EVANS, ARTHUR F
Address	110 E BROADWAY
City-State-Zip:	OVIDO FL 32765

*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:** CHARLES W EVANS**PRES****04/19/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date