## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053667

Entity Name: THE FLORIDA GRISWOLDS, LLC

**Current Principal Place of Business:** 

5852 WINDOVER DRIVE ORLANDO. FL 32819

**Current Mailing Address:** 

**POBOX21** 

KING, NC 27021 US

FEI Number: 74-3260383 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SPEIGEL, HOWARD AATTY 1133 LOUISIANA AVENUE # 214

WINTER PARK, FL 32789-2350 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

FILED Jan 29, 2016

**Secretary of State** 

CC9513947367

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name DONATHAN, RICHARD J Name DONATHAN, CARLIN S

 Address
 P.O. BOX 21
 Address
 P.O. BOX 21

 City-State-Zip:
 KING NC 27021
 City-State-Zip:
 KING NC 27021

Title MGRM Title MGRM

Name WATSON, MARYLYN D Name GOLDBACH, DONALD

 Address
 P.O. BOX 21
 Address
 P.O. BOX 21

 City-State-Zip:
 KING NC 27021
 City-State-Zip:
 KING NC 27021

Title MGRM Title MGRM

NameGOLDBACH, BRENNANameHALL, JOHNAddressP.O. BOX 21AddressPO BOX 21

City-State-Zip: KING NC 27021 City-State-Zip: KING NC 27021

Title MGRM Title MGRM

Name HALL, ANITA Name WATSON, BRENT

Address PO BOX 21 Address PO BOX 21

City-State-Zip: KING NC 27021 City-State-Zip: KING NC 27021

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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: CARLIN S DONATHAN

**MGRM** 

01/29/2016

## **Authorized Person(s) Detail Continued:**

Title MGRM

Name WATSON, CHARLI

Address PO BOX 21

City-State-Zip: KING NC 27021

Title MGRM

Name SMITH, DRUSI Address PO BOX 21

City-State-Zip: KING NC 32819

Title MGRM

Name SMITH, TIM

Address PO BOX 21

City-State-Zip: KING NC 27021