

**2015 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:**

P O BOX 21  
KING, NC 27021 US

**FEI Number: 74-3260383**

**Certificate of Status Desired: No**

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name DONATHAN, RICHARD J  
Address P.O. BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name DONATHAN, CARLIN S  
Address P.O. BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name WATSON, MARYLYN D  
Address P.O. BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name GOLDBACH, DONALD  
Address P.O. BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name GOLDBACH, BRENNNA  
Address P.O. BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name HALL, JOHN  
Address PO BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name HALL, ANITA  
Address PO BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name WATSON, BRENT  
Address PO BOX 21  
City-State-Zip: KING NC 27021

**Continues on page 2**

*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**

**MANAGER MEMBER**

**01/11/2015**

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

\_\_\_\_\_  
Date

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

Title MGRM  
Name WATSON, CHARLI  
Address PO BOX 21  
City-State-Zip: KING NC 27021

Title MGRM  
Name SMITH, TIM  
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