

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012581

**Entity Name:** 347 BOUNDARY, LLC

**Current Principal Place of Business:**

347 NW BOUNDARY DRIVE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

347 NW BOUNDARY DRIVE  
PORT ST. LUCIE, FL 34986 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CHALMERS, STEPHEN  
347 NW BOUNDARY DRIVE  
PORT ST. LUCIE, FL 34986 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 CHALMERS, STEPHEN  
Address 347 NW BOUNDARY DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title MGRM  
Name CHALMERS, DAWN  
Address 347 NW BOUNDARY DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34986

*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:** DAWN CHALMERS

MGRM

01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date