

2016 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

MANGER

01/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date