

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016001

Entity Name: 2041 SW JUDITH LANE LLC**Current Principal Place of Business:**511 SW PT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**511 SW PT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 26-4271143**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GROZA, JOHN A
1417 SW OSPREY COVE
PORT SAINT 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	GROZA, JOHN A
Address	1417 SW OSPREY COVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	MGRM
Name	GROZA, PATRICIA A
Address	1417 SW OSPREY COVE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	MGR
Name	GROZA, JOHN A
Address	2062 SW HAMPSHIRE LANE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	MGR
Name	SZARY, NICOLIA C
Address	1326 SW BRIARWOOD DR
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	MGR
Name	LYONS, ANGELIQUE C
Address	1306 SW MAPLEWOOD DRIVE
City-State-Zip:	PORT SAINT 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: PATRICIA A GROZA

MGRM

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date