# SIGNATURE: SAMUEL MENDEZ

Electronic Signature of Signing Authorized Person(s) Detail

#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L10000041633

## Entity Name: SAMUEL MENDEZ LLC

#### **Current Principal Place of Business:**

4034 WINKLER AVE 102 FT MYERS, FL 33916

### **Current Mailing Address:**

4034 WINKLER AVE 102 FT MYERS, FL 33916

## FEI Number: 27-2371335

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

MENDEZ, SAMUEL 4034 WINKLER AVE 102 FT MYERS, FL 33916 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

Autionizeu i erson(s) Detail .	Authorized	Person(s	s) Detail :
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MGRM	Title	MGR		
MENDEZ, SAMUEL	Name	MARTINEZ, ZENAIDO		
4034 WINKLER AVE #102	Address	4034 WINKLER AVE #102		
FT MYERS FL 33916	City-State-Zip:	FT MYERS FL 33916		
	MGRM MENDEZ, SAMUEL 4034 WINKLER AVE #102	MGRMTitleMENDEZ, SAMUELName4034 WINKLER AVE #102Address		

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. Ρ

04/26/2013

Date

FILED Apr 26, 2013 Secretary of State CC6883164105

Certificate of Status Desired: No

Date