

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068949

**Entity Name:** 4919 WESCONNETT BLVD., LLC

**Current Principal Place of Business:**

325 EVENTIDE DRIVE  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

325 EVENTIDE DRIVE  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 27-3956480

**Certificate of Status Desired:** Yes

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

O'GRADY, SHERI  
325 EVENTIDE DRIVE  
FLEMING ISLAND, FL 32003 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 O'GRADY, SHERI  
Address 325 EVENTIDE DRIVE  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** SHERI O'GRADY

MGR

05/19/2015

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

\_\_\_\_\_  
Date