

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108859

**Entity Name:** 3347 SW 7TH STREET, LLC

**Current Principal Place of Business:**

3347 SW 7TH STREET  
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 536  
OCALA, FL 34478

**FEI Number:** 59-2861785

**Certificate of Status Desired:** No

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

NICHOLS, CARMAN  
3347 SW 7TH STREET  
OCALA, FL 34474 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 NICHOLS, CARMAN  
Address P.O. BOX 536  
City-State-Zip: Ocala FL 34478

Title MGRM  
Name MALCOLM, CAROLYN N  
Address P.O. BOX 536  
City-State-Zip: Ocala FL 34478

*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:** CARMAN NICHOLS

**PRESIDENT**

**04/16/2014**

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

\_\_\_\_\_  
Date