

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000909

**Entity Name:** 10630 FIFE AVE LLC**Current Principal Place of Business:**8 HILLCREST PARK ROAD  
OLD GREENWICH, CT 06870**Current Mailing Address:**8 HILLCREST PARK ROAD  
OLD GREENWICH, CT 06870**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKETT, BRUCE ESQ.  
756 BEACHLAND BLVD.  
VERO BEACH, FL 32963 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	MGR
Name	JOHNSON, JR., H. MICHAEL
Address	8 HILLCREST PARK ROAD
City-State-Zip:	OLD GREENWICH CT 06870

Title	MGRM
Name	JOHNSON, VIRGINIA G
Address	8 HILLCREST PARK ROAD
City-State-Zip:	OLD GREENWICH CT 06870

Title	MGRM
Name	VIRGINIA G. JOHNSON, TRUSTEE OF MILES A JO
Address	8 HILLCREST PARK ROAD
City-State-Zip:	OLD GREENWICH CT 06870

Title	MGRM
Name	VIRGINIA G. JOHNSON, TRUSTEE OF DEVON S. J
Address	8 HILLCREST PARK ROAD
City-State-Zip:	OLD GREENWICH CT 06870

Title	MGRM
Name	VIRGINIA G. JOHNSON, TRUSTEE OF ROBIN V JO
Address	8 HILLCREST PARK ROAD
City-State-Zip:	OLD GREENWICH CT 06870

*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: MICHAEL JOHNSON****MANAGING MEMBER****01/08/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date