# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L11000005958

#### Entity Name: 1624 KUHLACRE DRIVE LLC

### Current Principal Place of Business:

360 GRAY FARM RD. HAVANA, FL 32333

### **Current Mailing Address:**

PO BOX 6474 TALLAHASSEE, FL 32314

# FEI Number: 27-4670501

### Name and Address of Current Registered Agent:

INGLEY, FRED III 360 GRAY FARM RD. HAVANA, FL 32333 US FILED Jan 24, 2013 Secretary of State CC9408821566

Certificate of Status Desired: No

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

## Authorized Person(s) Detail :

| Title           | MGRM                    | Title           | MGRM                  |
|-----------------|-------------------------|-----------------|-----------------------|
| Name            | INGLEY, FRED III        | Name            | INGLEY, ANDEW F       |
| Address         | PO BOX 6474             | Address         | 1968 WEST WILSON AVE. |
| City-State-Zip: | TALLAHASSEE FL 32314    | City-State-Zip: | CHICAGO IL 60640      |
|                 |                         |                 |                       |
| Title           | MGRM                    |                 |                       |
| Title<br>Name   | MGRM<br>INGLEY, AARON H |                 |                       |
|                 |                         |                 |                       |

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.

SIGNATURE: FRED INGLEY III

MGRM

Date

Electronic Signature of Signing Authorized Person(s) Detail