

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000049360

**Entity Name:** 1427 WILLIAM FAULKNER DR, LLC

**Current Principal Place of Business:**

1427 WILLIAM FAULKNER DRIVE  
NICEVILLE, FL 32578

**Current Mailing Address:**

4232 BOBCAT COVE  
NICEVILLE, FL 32578

**FEI Number:** 45-0968985

**Certificate of Status Desired:** No

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

FULLER, TED D  
4232 BOBCAT COVE  
NICEVILLE, FL 32578 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	Title	MGRM
Name	FULLER, TED D	Name	FULLER, TERI M
Address	4232 BOBCAT COVE	Address	4232 BOBCAT COVE
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

*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:** TED D FULLER

MGRM

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date