

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094243

**Entity Name:** 555 107TH AVENUE NORTH, LLC

**Current Principal Place of Business:**

450 ROSEMEADE LANE  
NAPLES, FL 34105

**Current Mailing Address:**

450 ROSEMEADE LANE  
NAPLES, FL 34105 US

**FEI Number:** 45-3063266

**Certificate of Status Desired:** No

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

JONES, DANIEL S  
5801 PELICAN BAY BOULEVARD  
C/O NEWSBANK, INC.; SUITE 600  
NAPLES, FL 34108 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 JONES, DANIEL S  
Address 5801 PELICAN BAY BOULEVARD, STE 600  
City-State-Zip: NAPLES FL 34108

Title MEMB  
Name JONES, DANIEL VII  
Address 21 MAPLE STREET  
City-State-Zip: WOODSTOCK VT 05091

Title MEMB  
Name CAVANAGH, KATHRYN J  
Address 200 GOLFVIEW DRIVE  
City-State-Zip: LEWISBURG PA 17837

Title MEMB  
Name JONES, MEREDITH S  
Address 1825 TILLER TERRACE  
City-State-Zip: NAPLES FL 34102

Title SECY  
Name JONES, SUSAN S  
Address 450 ROSEMEADE LN  
City-State-Zip: NAPLES FL 34105

*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:** DANIEL S. JONES

**MANAGER**

**02/23/2015**

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

\_\_\_\_\_  
Date