

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107938

Entity Name: 1159 SOUTH MILITARY TRAIL, L.L.C.**Current Principal Place of Business:**1457 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409**Current Mailing Address:**P.O. BOX 15707
WEST PALM BEACH, FL 33416**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MERCURIO, PETER M
1457 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409 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	MERCURIO, JOHN F
Address	PO BOX 15707
City-State-Zip:	WEST PALM BEACH FL 33416

Title	MGR
Name	MICHALSKI, MAUREEN E
Address	1694 NEW HAVEN POINT LANE
City-State-Zip:	WEST PALM BEACH FL 33411

Title	MGR
Name	MERCURIO, PETER M
Address	3136 HARTRIDGE TERRACE
City-State-Zip:	WELLINGTON FL 33414

Title	MGR
Name	TULLER, DENISE M
Address	1834 STAIMFORD CIRCLE
City-State-Zip:	WELLINGTON FL 33414

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: PETER M. MERCURIO**REGISTERED AGENT****01/13/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date