

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000059130

**Entity Name:** SCHLINZ VENTURES, LLC

**Current Principal Place of Business:**

2611 SW 19TH AVE ROAD  
SUITE 100  
OCALA, FL 34471

**Current Mailing Address:**

2611 SW 19TH AVE ROAD  
SUITE 100  
OCALA, FL 34471 US

**FEI Number:** 45-5300391

**Certificate of Status Desired:** No

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

R WILLIAM FUTCH PA  
610 SE 17TH STREET  
OCALA, FL 34471 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 AUTHORIZED MEMBER  
Name SCHLINZ, CRAIG  
Address 18227 W STINSON DRIVE  
City-State-Zip: SURPRISE AZ 85374

Title AUTHORIZED MEMBER  
Name SCHLINZ, KENT  
Address 3240 SW 34TH ST  
APT 1220  
City-State-Zip: OCALA FL 34474

*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:** CRAIG SCHLINZ

**AUTHORIZED MEMBER**

**01/17/2017**

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

\_\_\_\_\_  
Date