

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000071722

**Entity Name:** SEPTEMBER FIRST PARTNERS - FLORIDA, LLC

**Current Principal Place of Business:**

IN CARE OF SUSAN PERRY  
5548 FIRST COAST HIGHWAY SUITE 101  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

11004 RIVERWOOD DRIVE  
POTOMAC, MD 20854 US

**FEI Number:** 45-5453837

**Certificate of Status Desired:** No

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

PERRY, SUSAN D  
5548 FIRST COAST HIGHWAY, SUITE101  
AMELIA ISLAND, FL 32034 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  
Name GORDON J. O'BRIEN FAMILY TR. DTD  
2-14-03  
Address 11004 RIVERWOOD DRIVE  
City-State-Zip: POTOMAC MD 20854

Title MGRM  
Name JILL MARCEL DETEMPLE FAMILY TR.  
DTD 2-14-0  
Address 11004 RIVERWOOD DRIVE  
City-State-Zip: POTOMAC MD 20854

*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: JILL M. DETEMPLE

TRUSTEE

01/10/2014

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

\_\_\_\_\_  
Date