

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000140456

**Entity Name:** LCB REMODELING LLC

**Current Principal Place of Business:**

385 DA GAMA DR  
CLERMONT, FL 34715

**Current Mailing Address:**

385 DA GAMA DR  
CLERMONT, FL 34715

**FEI Number:** 46-1332975

**Certificate of Status Desired:** No

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

CAMPBELL, LEIGHTON F  
385 DA GAMA DR  
CLERMONT, FL 34715 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:** LEIGHTON FORDE CAMPBELL

04/29/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            CAMPBELL, LEIGHTON F  
Address        385 DAGAMA DR  
City-State-Zip: CLERMONT FL 34715

Title            MANAGER  
Name            CAMPBELL, MARSHA-GAY MARIE  
Address        385 DA GAMA DR  
City-State-Zip: CLERMONT FL 34715

*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:** LEIGHTON FORDE CAMPBELL

PRESIDENT

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date