

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000155473

**Entity Name:** NELSON ACRES AND ECKHART ESTATES, LLC

**Current Principal Place of Business:**

250 COREY AVE.  
STE. 6084  
ST. PETE BEACH, FL 33736

**Current Mailing Address:**

P. O. BOX 66084  
ST. PETE BEACH, FL 33736

**FEI Number:** 46-1816278

**Certificate of Status Desired:** No

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

WELCH, WILLIAM  
817 59TH STREET SO  
GULFPORT, FL, FL 33707 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 NELSON ACRES LIVING TRUST  
Address POST OFFICE BOX 29685  
City-State-Zip: BROOKLYN CENTER MN 55429

*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:** COLLEEN ECKHART

**TRUSTEE**

**04/21/2015**

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

\_\_\_\_\_  
Date