

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000047599

**Entity Name:** 4174 CONDO LLC

**Current Principal Place of Business:**

25720 LEXINGTON DR.  
#2  
SOUTH LYON, MI 48178

**FILED**  
**Feb 04, 2014**  
**Secretary of State**  
**CC6896150753**

**Current Mailing Address:**

25720 LEXINGTON DR.  
#2  
SOUTH LYON, MI 48178 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

PULVER, CATHY  
3403 EL CONQUISTADOR PKWY  
BRADENTON, FL 34210 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 SCHULTE, WILLIAM T  
Address 25720 LEXINGTON DR. #2  
City-State-Zip: SOUTH LYON FL 48178

Title MGRM  
Name HUDEL, SUZANNE  
Address 25720 LEXINGTON DR. #2  
City-State-Zip: SOUTH LYON FL 48178

Title MGRM  
Name BAIRD, CAROLINE  
Address 25720 LEXINGTON DR. #2  
City-State-Zip: SOUTH LYON FL 48178

Title MGRM  
Name EVAN, PATRICIA  
Address 25720 LEXINGTON DR. #2  
City-State-Zip: SOUTH LYON FL 48178

Title MGRM  
Name TOWNS, BARBARA  
Address 25720 LEXINGTON DR. #2  
City-State-Zip: SOUTH LYON FL 48178

*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: TOWNS , BARBARA**

**02/04/2014**

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

\_\_\_\_\_  
Date