

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000084832

Entity Name: WINCHESTER ESTATES G.B. LIMITED LIABILITY COMPANY

Current Principal Place of Business:

529 RESERVE DRIVE
DAVENPORT, FL 33896

Current Mailing Address:

347 CHEROKEE AVE
HAINES CITY, FL 33844 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOOD, COLIN G
347 CHROKEE AVE
HAINES CITY, FL 33844 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 GOOD, COLIN G
Address 347 CHEROKEE AVE
City-State-Zip: HAINES CITY FL 33844

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: COLIN GOOD

MGM

04/18/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date