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.

MGR

SIGNATURE: ROBERT A SMITH

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000085233

Entity Name: 439 DOGWOOD CT, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

444 WINDING WILLOW DRIVE PALM HARBOR, FL 34683

Current Mailing Address:

444 WINDING WILLOW DRIVE PALM HARBOR, FL 34683

FEI Number: 90-0997894

Name and Address of Current Registered Agent:

SMITH, ROBERT A 444 WINDING WILLOW DRIVE PALM HARBOR, FL 34683 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SMITH, ROBERT A	Name	SMITH, KATHRYN E
Address	444 WINDING WILLOW DRIVE	Address	444 WINDING WILLOW DRIVE
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683

Certificate of Status Desired: No

01/29/2014

FILED Jan 29, 2014 Secretary of State CC2368362590

Date

Date