

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000088645

**Entity Name:** 723 STYPMANN, LLC

**Current Principal Place of Business:**

3241 SE SLATER STREET  
STUART, FL 34997

**Current Mailing Address:**

3241 SE SLATER STREET  
STUART, FL 34997 US

**FEI Number:** 46-3022847

**Certificate of Status Desired:** No

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

NORMAN, KENNETH A  
2400 SE FEDERAL HIGHWAY  
FOURTH FLOOR  
STUART, FL 34994 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	MGR	Title	MGR
Name	SCHMIDT, MICHAEL D	Name	GOLOD, MARY P
Address	3241 SE SLATER STREET	Address	723 STYPMANN BLVD.
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34994

*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:** MICHAEL D. SCHMIDT

**MANAGER**

**01/12/2015**

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

\_\_\_\_\_  
Date