

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000096162

**Entity Name:** THE PHOENIX ASSOCIATES GROUP,LLC

**Current Principal Place of Business:**

306 OCOEE APOPKA RD #5  
OCOEE, FL 34761

**Current Mailing Address:**

306 OCOEE APOPKA RD #5  
OCOEE, FL 34761 US

**FEI Number: 46-3120492**

**Certificate of Status Desired: Yes**

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

BENNETT, GWENDOLYN  
306 OCOEE APOPKA RD #5  
#1  
ORLAND, FL 32818 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 BENNETT, GWENDOLYN  
Address 306 OCOEE APOPKA RD #5  
City-State-Zip: OCOEE FL 34761

Title MGRM  
Name GRAY, ERROL  
Address 306 OCOEE APOPKA RD #5  
City-State-Zip: OCOEE FL 34761

Title AUTHORIZED REPRESENTATIVE  
Name MCGLUEN, ROSLYN  
Address 306 OCOEE APOPKA RD #5  
City-State-Zip: OCOEE FL 34761

*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: GWENDOLYN BENNETT**

**MANAGING MEMBER**

**04/24/2015**

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

\_\_\_\_\_  
Date