

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000140091

**Entity Name:** LS ADMINISTRATION LLC**Current Principal Place of Business:**711 E. MAIN STREET  
HAINES CITY, FL 33844**Current Mailing Address:**8297 CHAMPIONS GATE BLVD UNIT 515  
CHAMPIONS GATE, FL 33896**FEI Number:** 46-3822330**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TAX ACCOUNTING & FINANCIAL SPECIALISTS, LLC  
2295 S. HIAWASSEE RD SUITE 407C  
ORLANDO, FL 32835 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:** ANGELA MACK

03/25/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LEAL SANTOS, GILMAR O	Name	LEAL SANTOS, GABRIELA C
Address	RUA AFFONSO H. BITTENCOURT, 279, CASA 7	Address	RUA AFFONSO H. BITTENCOURT, 279, CASA 7
City-State-Zip:	MARINGA PR 87060--399	City-State-Zip:	MARINGA PR 87060--399

*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:** GILMAR O LEAL SANTOS

MGRM

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date