

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148724

**Entity Name:** 16252 LAUREL DRIVE LLC

**Current Principal Place of Business:**

67 KEATS DRIVE  
NORTH KINGSTOWN, RI 02852

**Current Mailing Address:**

67 KEATS DRIVE  
NORTH KINGSTOWN, RI 02852 US

**FEI Number:** 46-3930002

**Certificate of Status Desired:** No

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

SCIARRETTA, STEVEN A ESQUIRE  
2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431 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  
Name MARLEY, SHEILA  
Address 2368 JUNIPER RIDGE CIRCLE  
City-State-Zip: PRESCOTT AZ 86301

Title MGR  
Name MANUPPELLI, DONNA  
Address 64 CONNORS FARM DRIVE  
City-State-Zip: SMITHFIELD RI 02917

Title MGR  
Name OLSON, LYNN  
Address 67 KEATS DRIVE  
City-State-Zip: NORTH KINGSTOWN RI 02852

*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:** LYNN A OLSON

MGR

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date