

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000013560

**Entity Name:** 10794 HAWTHORN TRAIL, LLC

**Current Principal Place of Business:**

34 ALLAMANDA AVENUE  
KEY WEST, FL 33040

**Current Mailing Address:**

34 ALLAMANDA AVENUE  
KEY WEST, FL 33040

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOCKWOOD, KAREN A  
34 ALLAMANDA AVENUE  
KEY WEST, FL 33040 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 LOCKWOOD, JOHN M  
Address 34 ALLAMANDA AVENUE  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name LOCKWOOD, KAREN A  
Address 34 ALLAMANDA AVENUE  
City-State-Zip: KEY WEST FL 33040

Title MGR  
Name BRODERSON, TARYN N  
Address 270 4TH STREET, UNIT 502  
City-State-Zip: ST. PAUL MN 55101

*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:** KAREN LOCKWOOD

MANAGER

04/11/2015

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

\_\_\_\_\_ Date