

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000013914

**Entity Name:** 584 QUARTERHORSE LN, LLC

**Current Principal Place of Business:**

584 QUARTERHORSE LN  
BUNNELL, FL

**Current Mailing Address:**

584 QUARTERHORSE LN  
BUNNELL, FL 32110

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RAIMONDO, JOSEPH A  
584 QUARTERHORSE LN  
BUNNELL, FL 32110 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           MANAGING MEMBER  
Name           GALLIEN, LAURA L  
Address        584 QUARTERHORSE LN  
City-State-Zip: BUNNELL FL

*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:** LAURA L. GALLIEN

MANAGING MEMBER

04/15/2015

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

\_\_\_\_\_ Date