

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000015241

**Entity Name:** LYNNDLEE SOAPERY, LLC

**Current Principal Place of Business:**

1505 ISON LANE  
OCOEE, FL 34761

**FILED**  
**Feb 06, 2015**  
**Secretary of State**  
**CC7272007280**

**Current Mailing Address:**

1505 ISON LANE  
OCOEE, FL 34761

**FEI Number: 46-4742263**

**Certificate of Status Desired: Yes**

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

KARLSON, DONNA LEE  
1505 ISON LANE  
OCOEE, FL 34761 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	Title	MGR
Name	KARLSON, DONNA LEE	Name	AMSTUTZ, CARRIE LYNN
Address	1505 ISON LANE	Address	1505 ISON LANE
City-State-Zip:	OCOEE FL 34761	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: DONNA LEE KARLSON**

**MANAGER**

**02/06/2015**

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

\_\_\_\_\_  
Date