

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000016176

**Entity Name:** CAROL A GRAVES LLC

**Current Principal Place of Business:**

6629 SHERIDAN RD  
MELBOURNE, FL 32904

**Current Mailing Address:**

6629 SHERIDAN RD  
MELBOURNE, FL 32904 US

**FEI Number:** 46-5063776

**Certificate of Status Desired:** No

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

TAYLOR, SUSAN L  
3150 N WICKHAM RD STE 3  
MELBOURNE, FL 32935 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 MGRM  
Name GRAVES, CAROL A  
Address 6629 SHERIDAN RD  
City-State-Zip: MELBOURNE FL 32904

Title MGR  
Name WILSON, JESSICA L  
Address 1581 VISTA LAKE CIRCLE  
City-State-Zip: MELBOURNE FL 32904

*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:** CAROL A GRAVES

MGRM

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date