## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000073210

Entity Name: SCHALL LEE LLC

**FILED** Jan 16, 2015 **Secretary of State** CC9615405422

**Current Principal Place of Business:** 

2040 OLD SKIPPACK WOXALL. PA 18979

**Current Mailing Address:** 

2040 OLD SKIPPACK WOXALL, PA 18979 US

FEI Number: 46-5599982 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 515 E. PARK AVENUE TALLAHASSEE, FL 32301 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: MARK WILLIAMS 01/16/2015

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MEMBER** Title **PRESIDENT** 

AUGUSTINE JR., ALBERT Name AUGUSTINE, ALBERT Name

Address 2040 OLD SKIPPACK Address 2040 OLD SKIPPACK PO BOX 12

City-State-Zip: WOXALL PA 18979 City-State-Zip: WOXALL PA 18979

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.

**MGRM** 

Electronic Signature of Signing Authorized Person(s) Detail

Date