

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000073210

**Entity Name:** SCHALL LEE LLC

**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:**

AUGUSTINE, NICHOLAS WYATT  
907 VOLUSIA ST.  
TALLAHASSEE, FL 32304 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:** NICHOLAS WYATT AUGUSTINE

03/16/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER

Name AUGUSTINE JR., ALBERT

Address 2040 OLD SKIPPACK

City-State-Zip: WOXALL PA 18979

Title PRESIDENT

Name AUGUSTINE, ALBERT

Address 2040 OLD SKIPPACK PO BOX 12

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.*

**SIGNATURE:** ALBERT AUGUSTINE

PRESIDENT

03/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date