

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000082414

**Entity Name:** 9603 FLECHETTE, LLC

**Current Principal Place of Business:**

13245 ATLANTIC BLVD.  
SUITE 4367  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

13245 ATLANTIC BLVD.  
SUITE 4367  
JACKSONVILLE, FL 32225

**FEI Number:** 47-0962303

**Certificate of Status Desired:** No

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

LUTHRINGER, IAN P ESQ.  
50 N. LAURA STREET  
SUITE 2200  
JACKSONVILLE, FL 32202 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  
Name ZURICHSEE RI, LLC  
Address 13245 ATLANTIC BLVD., SUITE 4367  
City-State-Zip: JACKSONVILLE FL 32225

*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:** WILLIAM DIFFENDERFER

MANAGER

04/13/2015

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

\_\_\_\_\_  
Date