

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000094427

**Entity Name:** 1565 SAXON, LLC

**Current Principal Place of Business:**

1565 SAXON BLVD, SUITE 102  
DELTONA, FL 32725

**Current Mailing Address:**

1565 SAXON BLVD, SUITE 102  
DELTONA, FL 32725

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CALLA, SHRISH  
806 OAKSTREAM COURT  
LAKE MARY, FL 32746 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:** CALLA SHRISH

04/13/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CALLA, SHRISH  
Address 806 OAKSTREAM COURT  
City-State-Zip: LAKE MARY FL 32746

*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:** SHRISH CALLA

MGRM

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date