

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115577

**Entity Name:** 918 MAIN STREET LLC

**Current Principal Place of Business:**

1013 NORTH SHORE DRIVE  
LEESBURG, FL 34748

**Current Mailing Address:**

1013 NORTH SHORE DRIVE  
LEESBURG, FL 34748

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BONE, ROBERT E JR  
1013 NORTH SHORE DRIVE  
LEESBURG, FL 34748 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	AMBR	Title	AMBR
Name	BONE, ROBERT E JR	Name	BONE, TIFFANY
Address	1013 NORTH SHORE DR	Address	1013 NORTH SHORE DR
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748

*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:** ROBERT E. BONE, JR.

AMGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date