## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000120398

Entity Name: LPA1, LLC

# **Current Principal Place of Business:**

501 SOUTH 9TH STREET READING, PA 19602

## **Current Mailing Address:**

501 SOUTH 9TH STREET READING, PA 19602

# FEI Number: APPLIED FOR

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

MCPHILLIPS LAW FIRM PA 2525 PONCE DE LEON BLVD. 300 CORAL GABLES, FL 33134 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

### Authorized Person(s) Detail :

TitleMGRNameWALDMAN, KENAddress501 SOUTH 9TH STREETCity-State-Zip:READING PA 19602

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: KEN WA	LDMAN
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MANAGER

03/08/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 08, 2016 Secretary of State CC9876407738

Certificate of Status Desired: No

Date