

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000165114

**Entity Name:** LLB ENTERPRISE, LLC

**Current Principal Place of Business:**

547 E NEW YORK  
SUITE B  
DELAND, FL 32724

**FILED**  
**Mar 22, 2017**  
**Secretary of State**  
**CC7234298726**

**Current Mailing Address:**

1227 N PEACHTREE PKWY  
205  
PEACHTREE CITY, GA 30269

**FEI Number:** 45-4203220

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
3030 N ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607 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:** LYNNETTE BROWN

03/22/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BROWN, LYNNETTE L  
Address 1227 N PEACHTREE CITY  
City-State-Zip: PEACHTREE CITY GA 30269

*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:** LYNNETTE BROWN

CEO

03/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date