

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109444

**Entity Name:** 3629 DEVONSHIER, LLC

**Current Principal Place of Business:**

2411 WOOD POINTE DR  
KEY VISTA, HOLIDAY, FL 34691

**Current Mailing Address:**

2411 WOOD POINTE DR  
KEY VISTA, HOLIDAY, FL 34691

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LLOYD, THOMAS  
2411 WOOD POINTE DR  
KEY VISTA, HOLIDAY, FL 34691 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  
Name            2411 WOOD POINTE, LLC  
Address        2411 WOOD POINTE DR  
City-State-Zip: KEY VISTA, HOLIDAY FL 34691

*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:** THOMAS LLOYD

**AUTHORIZED MEMBER**

**04/26/2016**

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

\_\_\_\_\_ Date