

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109444

**Entity Name:** 3629 DEVONSHIER, LLC

**Current Principal Place of Business:**

2411 WOOD POINTE DR  
HOLIDAY, FL 34691

**Current Mailing Address:**

2411 WOOD POINTE DR  
HOLIDAY, FL 34691 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LLOYD IV, THOMAS  
2411 WOOD POINTE DR  
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:** THOMAS LLOYD IV

01/14/2018

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: 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 IV

REGISTERED AGENT

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date