## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000109563

Entity Name: 2411 WOOD POINTE, LLC

### **Current Principal Place of Business:**

2411 WOOD POINTE DRIVE KEY VISTA HOLIDAY, FL 34691

## **Current Mailing Address:**

2411 WOOD POINTE DRIVE KEY VISTA HOLIDAY, FL 34691

# FEI Number: NOT APPLICABLE

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

LLOYD, THOMAS 2411 WOOD POINTE DRIVE 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

### Authorized Person(s) Detail :

Title	AMBR
Name	2411 WOOD POINTE, LLC
Address	2411 WOOD POINTE DRIVE
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

04/26/2016 AUTHORIZED MEMBER

Certificate of Status Desired: No

Date

# FILED Apr 26, 2016 Secretary of State CC2585148347

Electronic Signature of Signing Authorized Person(s) Detail