

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000062649

**Entity Name:** ALMOND STREET BUSINESS CENTER, LLC

**Current Principal Place of Business:**

310 ALMOND ST  
CLEARMONT, FL 34711

**Current Mailing Address:**

310 ALMOND ST  
#101  
CLEARMONT, FL 34711 US

**FEI Number:** 81-1899087

**Certificate of Status Desired:** No

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

REID, LORRIE  
310 ALMOND ST  
CLEARMONT, FL 34711 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 MGR  
Name REID, LORRIE L  
Address 12530 SAN JUAN RD  
City-State-Zip: GROVELAND FL 34736

Title MGR  
Name REID, DANNY R  
Address 12530 SAN JUAN RD  
City-State-Zip: GROVELAND FL 34736

Title AMBR  
Name REID, MASON W  
Address 12530 SAN JUAN RD  
City-State-Zip: GROVELAND FL 34736

Title AMBR  
Name REID, LIAM QUIM  
Address 12530 SAN JUAN RD  
City-State-Zip: GROVELAND FL 34736

*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:** LORRIE REID

**CEO**

**02/07/2018**

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

\_\_\_\_\_  
Date