

2017 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
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**MANAGER****02/06/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date