

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000097351

**Entity Name:** STATE ROAD 415 LLC

**Current Principal Place of Business:**

6957 VINTAGE LANE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

6957 VINTAGE LANE  
PORT ORANGE, FL 32128

**FEI Number: 82-3023719**

**Certificate of Status Desired:** No

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

RIST, ROBERT  
6957 VINTAGE LANE  
PORT ORANGE, FL 32128 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:** ROBERT RIST

02/09/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name RIST, ROBERT T  
Address 6957 VINTAGE LANE  
City-State-Zip: PORT ORANGE FL 32128

*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:** ROBERT RIST

OWNER

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date