

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000170960

**Entity Name:** FALLEN OAK LLC

**Current Principal Place of Business:**

3901 BOB EVANS DR.  
VALRICO, FL 33596

**Current Mailing Address:**

3901 BOB EVANS DR.  
VALRICO, FL 33596

**FEI Number:** 81-5085741

**Certificate of Status Desired:** Yes

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

FEHRENBACHER, BRIAN  
3901 BOB EVANS DR.  
VALRICO, FL 33596 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            AMBR  
Name            FEHRENBACHER, BRIAN  
Address        3901 BOB EVANS DR.  
City-State-Zip: VALRICO FL 33596

Title            AUTHORIZED MEMBER  
Name            FEHRENBACHER, SHELLEY  
Address        3901 BOB EVANS DR.  
City-State-Zip: VALRICO FL 33596

*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:** BRIAN FEHRENBACHER

**OWNER**

**04/28/2017**

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

\_\_\_\_\_  
Date