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 [,] PATRICK NICOLINI	PRES	01/24/2017

SIGNATURE: PATRICK NICOLINI

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address: P.O. BOX 1801

Current Principal Place of Business:

DADE CITY, FL 33526 US

DOCUMENT# L9900000952

FEI Number: 65-0980610

Name and Address of Current Registered Agent:

NICOLINI, PATRICK 36846 PERRY COURT DADE CITY, FL 33525 US

6436 EAST COLONIAL DR ORLANDO, FL 32807

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: PATRICK NICOLINI

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	
Name	NICOLINI, PATRICK	
Address	P.O. BOX 1801	
City-State-Zip:	DADE CITY FL 33526	

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY

FILED Jan 24, 2017 Secretary of State CC0753639835

Certificate of Status Desired: No

01/24/2017 Date

Date