## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093234

**Entity Name: FOURTEEN LLC** 

**FILED** Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14 E. WASHINGTON ST. SUITE 600 250 N ORANGE AVENUE ORLANDO, FL 32801

1250

ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 500 ORLANDO, FL 32802

FEI Number: 32-0135226 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WOLFE, CLAUDE WOLFE, CLAUDE 14 E. WASHINGTON ST., SUITE 600 250 N ORANGE AVENUE ORLANDO, FL 32801 1250

ORLANDO, FL 32801 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: 04/29/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition

WOLFE, CLAUDE WOLFE, CLAUDE Name: Name: Address: 14 E WASHINGTON ST, STE 600 Address: 250 N ORANGE AVENUE #1250

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801

(X) Change ( ) Addition Title: MGRM () Delete Title: MGRM Name:

SARCHET, CORBIN Name: SARCHET, CORBIN Address: 14 E WASHINGTON ST. STE 600 Address: 107 LAKE DARBY PLACE City-St-Zip: ORLANDO, FL 32801 City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CLAUDE WOLFE **MGRM** 04/29/2009