

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90045 012 ****50.00

DOCUMENT # L99 060004894

1. Entity Name

1615 East Edgewood Drive L.L.C.



DO NOT WRITE IN THIS SPACE

20020715

CR2E083B (8/05)

2. Principal Place of Business

1615 E. Edgewood Drive

Suite, Apt. #, etc.

3. Mailing Address

4715 HULSE

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33803

Country

Polk

Zip

33813-2448

Country

Polk

4. FEI Number

59-3594880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DOROTHY G READ

Street Address (P.O. Box Number is Not Acceptable)

4715 HULSE LANE

City

LAKELAND

FL

Zip Code

33813

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MANAGER	Dorothy G Read	4715 HULSE Lane	LAKELAND FL 33813-2448				
	owner						
	William W. Read Jr.	1330 Robinhood Lane North	LAKELAND, FL 33813				
	owner						
	Raydene Read	1330 Robinhood Lane North	LAKELAND FL 33813				
	owner						
	Leo Auger	1348 Edgewater Beach drive	LAKELAND FL 33805				
	owner						

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Dorothy G. Read

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-06 (863) 646-1666

Date

Daytime Phone #