

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011140

**Entity Name:** ASTIN COMMERCIAL PROPERTIES, L.L.C.

**Current Principal Place of Business:**

107 HOLLOWAY RD  
PLANT CITY, FL 33567

**Current Mailing Address:**

PO BOX 3837  
PLANT CITY, FL 33563

**FEI Number: 59-3681414**

**Certificate of Status Desired: No**

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

GARDNER, J. STEPHEN  
107 HOLLOWAY RD.  
PLANT CITY, FL 33567 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 MGR  
Name ASTIN, SAM HIII  
Address 4408 MUDLAKE RD.  
City-State-Zip: PLANT CITY FL 33567

Title MGRM  
Name ASTIN, BETTY B  
Address 3402 S. SAM ASTIN ROAD  
City-State-Zip: PLANT CITY FL 33566

Title MGRM  
Name ASTIN, BUFFY  
Address 4408 MUDLAKE RD.  
City-State-Zip: PLANT CITY FL 33567

Title MGRM  
Name ROBERTS, SUZANNE A  
Address 3401 SAM ASTIN RD.  
City-State-Zip: PLANT CITY FL 33566

Title MGRM  
Name CARTER, LAURA B  
Address 3406 SAM ASTIN RD.  
City-State-Zip: PLANT CITY FL 33566

*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: SUZANNE ROBERTS**

**VICE PRESIDENT**

**02/02/2016**

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

\_\_\_\_\_  
Date