

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017850

Entity Name: SECTION 32, L.L.C.

Current Principal Place of Business:

2750 TRAIL DAIRY CIRCLE
NORTH FORT MYERS, FL 33918

Current Mailing Address:

P.O. BOX 3514
NORTH FORT MYERS, FL 33918

FEI Number: 65-1115753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALLACARA, BARBARA L
2750 TRAIL DAIRY CIRCLE
NORTH FORT MYERS, FL 33918 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 CLEMONS, NORMAN F
Address 2750 TRAIL DAIRY CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33918

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: NORMAN F. CLEMONS

MGR

04/21/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date