

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034530

**Entity Name:** RALPH ARMSTEAD, LLC

**Current Principal Place of Business:**

511 WEST SOUTH STREET, SUITE 210  
ORLANDO, FL 32805

**Current Mailing Address:**

511 WEST SOUTH STREET, SUITE 210  
ORLANDO, FL 32805 US

**FEI Number:** 03-0526985

**Certificate of Status Desired:** Yes

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

ARMSTEAD, RALPH  
511 WEST SOUTH STREET, SUITE 210  
ORLANDO, FL 32805 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           MANAGING MEMBER  
Name           ARMSTEAD, RALPH  
Address        511 WEST SOUTH STREET, SUITE 210  
  
City-State-Zip: ORLANDO FL 32805

*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:** RALPH ARMSTEAD

MANAGING MEMBER

04/30/2015

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

\_\_\_\_\_ Date