

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048916

**Entity Name:** JULIUS C. MENDOZA, LLC

**Current Principal Place of Business:**

5517 US HWY 19  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P.O. BOX 147  
ARIPEKA, FL 34679 US

**FEI Number:** 87-0761046

**Certificate of Status Desired:** No

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

MENDOZA, JULIUS C  
18824 ROSEMARY ROAD  
ARIPEKA, FL 34679 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 MENDOZA, JULIUS C  
Address 18824 ROSEMARY ROAD  
City-State-Zip: ARIPEKA FL 34679

*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:** JULIUS MENDOZA

MGRM

04/20/2015

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

\_\_\_\_\_  
Date