

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003327

**Entity Name:** LATITUDES N.E. FLORIDA LTD. CO.

**Current Principal Place of Business:**

4720 AVENUE B  
SAINT AUGUSTINE, FL 32095

**Current Mailing Address:**

P.O. BOX 4034  
SAINT AUGUSTINE, FL 32084 US

**FEI Number: 20-0592283**

**Certificate of Status Desired: No**

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

JANSE VAN RENSBURG, COENRAAD J  
310 NORTH 3RD STREET  
PALATKA, FL 32177 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 MGRM  
Name JANSE VAN RENSBURG, COENRAAD J  
Address 310 NORTH 3RD STREET  
City-State-Zip: PALATKA FL 32177

Title MGRM  
Name HOLIDAY, ELIZABETH M  
Address 310 NORTH 3RD STREET  
City-State-Zip: PALATKA FL 32177

*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: COENRAAD J JANSE VAN RENSBURG**

**MGRM**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date