

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036300

**Entity Name:** LAND TRUST PROPERTIES, LLC

**Current Principal Place of Business:**

1655 N. CLYDE MORRIS BOULEVARD, STE 1  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1655 N. CLYDE MORRIS BOULEVARD, STE 1  
DAYTONA BEACH, FL 32117

**FEI Number:** 26-2567882

**Certificate of Status Desired:** No

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

P & D MANAGEMENT, LLC  
1655 N. CLYDE MORRIS BOULEVARD  
SUITE 1  
DAYTONA BEACH, FL 32117 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 PYLE, MICHAEL A  
Address 1655 N. CLYDE MORRIS BLVD, SUITE  
1  
City-State-Zip: DAYTONA BEACH FL 32117

Title P  
Name PYLE, MICHAEL A  
Address 1655 N. CLYDE MORRIS BLVD, SUITE  
1  
City-State-Zip: DAYTONA BEACH FL 32117

Title VP  
Name DELLINGER, TRISHA L  
Address 1655 N. CLYDE MORRIS BLVD, SUITE  
1  
City-State-Zip: DAYTONA BEACH FL 32117

Title VP  
Name DUZ, ASHLEY N  
Address 1655 N. CLYDE MORRIS BOULEVARD,  
STE 1  
City-State-Zip: DAYTONA BEACH FL 32117

*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:** MICHAEL A PYLE

**MANAGER**

**03/18/2019**

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

\_\_\_\_\_  
Date