

2015 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: NOT APPLICABLE

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

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date