

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085748

**Entity Name:** ALBERT LEE, LLC

**Current Principal Place of Business:**

6915 AVENUE A  
SARASOTA, FL 34231

**Current Mailing Address:**

5855 MIDNIGHT PLASS ROAD, UNIT 418  
SARASOTA, FL 34242

**FEI Number:** 43-2067530

**Certificate of Status Desired:** No

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

EDWARDS, SHERYL AESQ.  
1515 RINGLING BLVD., STE. 840  
SARASOTA, FL 34236 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 LEE, ALBERT  
Address 5855 MIDNIGHT PLASS ROAD, UNIT  
418  
City-State-Zip: SARASOTA FL 34242

Title MGRM  
Name LEE, MAYLINA  
Address 5855 MIDNIGHT PLASS ROAD, UNIT  
418  
City-State-Zip: SARASOTA FL 34242

*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:** ALBERT LEE

**MGRM**

**03/20/2014**

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

\_\_\_\_\_  
Date