2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2014
Secretary of State
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Entity Name: LF, LLC

Current Principal Place of Business:

8169 US HIGHWAY 301
PARRISH, FL 34219

Current Mailing Address:

PO BOX 557
ELLENTON, FL 34222 US

FEI Number: 20-2629437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETER, VOLE III MGRM
8169 US HWY 301
PARRISH, FL 34219 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	VOLE, PETER
Address	PO BOX 557
City-State-Zip:	ELLENTON FL 34222

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: PETER VOLE MGRM 04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date