

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045096

Entity Name: F7 PROPERTIES, LLC

Current Principal Place of Business:

6550 NEW TAMPA HIGHWAY, SUITE B
STE B
LAKELAND, FL 33815

FILED
Apr 20, 2015
Secretary of State
CC0881727643

Current Mailing Address:

6550 NEW TAMPA HIGHWAY, SUITE B
STE B
LAKELAND, FL 33815 US

FEI Number: 05-0623076

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOOD, PAUL W
6550 NEW TAMPA HWY
SUITE B
LAKELAND, FL 33810 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: PAUL W. WOOD

04/20/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FORTUNE 7, INC
Address 6550 NEW TAMPA HIGHWAY, SUITE B
City-State-Zip: LAKELAND FL 33815

Title CEO
Name GATES, PAUL D
Address 6550 NEW TAMPA HIGHWAY, SUITE B
City-State-Zip: LAKELAND FL 33815

Title COO
Name HESTAND, RUE S
Address 6550 NEW TAMPA HWY, STE B
City-State-Zip: LAKELAND FL 33815

Title VMGR
Name WOOD, PAUL W
Address 6550 NEW TAMPA HWY, STE B
City-State-Zip: LAKELAND FL 33815

Title VMGR
Name TITTEL, HARRY J
Address 6550 NEW TAMPA HWY, STE B
City-State-Zip: LAKELAND FL 33815

Title VMGR
Name SEELIG, CHRISTOPHER W
Address 6550 NEW TAMPA HWY, STE B
City-State-Zip: LAKELAND FL 33815

Title VMGR
Name ASHLINE, THOMAS E
Address 6550 NEW TAMPA HIGHWAY, SUITE B
STE B
City-State-Zip: LAKELAND FL 33815

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: RUE S HESTAND IV

COO

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date