

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067624

**Entity Name:** FAUSSE RIVIERE, LLC

**Current Principal Place of Business:**

909 CORDOVA DRIVE  
ORLANDO, FL 32804

**Current Mailing Address:**

909 CORDOVA DRIVE  
ORLANDO, FL 32804

**FEI Number:** 20-3116114

**Certificate of Status Desired:** No

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

ZINK, WILLIAM P MD  
909 CORDOVA DRIVE  
ORLANDO, FL 32804 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:** WILLIAM P ZINK MD

04/18/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ZINK, WILLIAM P MD	Name	ZINK, JOAN L
Address	909 CORDOVA DRIVE	Address	909 CORDOVA DRIVE
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

*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:** JOAN L ZINK

MGR

04/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date