

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000067845

**Entity Name:** NORTHRIDGE 829, LLC

**Current Principal Place of Business:**

160 SCARLET BOULEVARD  
OLDSMAR, FL 34677

**Current Mailing Address:**

160 SCARLET BOULEVARD  
OLDSMAR, FL 34677 UN

**FEI Number:** 20-3134909

**Certificate of Status Desired:** No

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

F & L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 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            BOLLENBACK, KENNETH  
Address        160 SCARLET BOULEVARD  
City-State-Zip: OLDSMAR FL 34677

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH BOLLENBACK

MGR

04/17/2013

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

\_\_\_\_\_ Date