

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088270

**Entity Name:** 6813 LLC

**Current Principal Place of Business:**

6813 GARDEN AVE  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

P.O. BOX 14635  
BRADENTON, FL 34280 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MAC MAHON, DERMOT P  
1860 FOREST HILL BOULEVARD  
SUITE 105  
WEST PALM BEACH, FL 33406 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               | Title           | MGRM                  |
| Name            | JONES, THOMAS L    | Name            | SMITH-JONES, KATHIE J |
| Address         | P.O. BOX 14635     | Address         | P.O. BOX 14635        |
| City-State-Zip: | BRADENTON FL 34280 | City-State-Zip: | BRADENTON FL 34280    |

*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:** THOMAS L JONES

**MGRM**

**02/14/2013**

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

\_\_\_\_\_  
Date