

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097869

Entity Name: LC, LLC

Current Principal Place of Business:

11825 OLD LAKELAND HIGHWAY
DADE CITY, FL 33525

Current Mailing Address:

POST OFFICE BOX 1474
DADE CITY, FL 33526

FEI Number: 20-3653554

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARKIN, GORDON R
11825 OLD LAKELAND HIGHWAY
DADE CITY, FL 33525 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 LARKIN, GORDON R
Address 11825 OLD LAKELAND HIGHWAY
City-State-Zip: DADE CITY FL 33525

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: GORDON R. LARKIN

MANAGING MEMBER

04/25/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date