

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099060

**Entity Name:** 436, LLC

**Current Principal Place of Business:**

180 S WINTER PARK DR  
CASSELBERRY, FL 32707

**Current Mailing Address:**

180 S WINTER PARK DR  
CASSELBERRY, FL 32707 US

**FEI Number:** 20-5704915

**Certificate of Status Desired:** No

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

FIALA, PATRICIA  
180 S WINTER PARK DR  
CASSELBERRY, FL 32707 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 FIALA, PATRICIA A  
Address 180 S WINTER PARK DR  
City-State-Zip: CASSELBERRY FL 32707

Title MGR  
Name FIALA, JOSEF  
Address 180 S WINTER PARK DR  
City-State-Zip: CASSELBERRY FL 32707

*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:** PATRICIA A FIALA

**MGR**

**01/30/2014**

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

\_\_\_\_\_  
Date