

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000000098

Entity Name: C. LUTHER PICKELS & ASSOCIATES, LLC**Current Principal Place of Business:**825 EAST DOGWOOD ST
MONTICELLO, FL 32344**Current Mailing Address:**PO BOX 413
MONTICELLO, FL 32345 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PICKELS, BARBARA ANN
825 EAST DOGWOOD ST
MONTICELLO, FL 32344 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:** BARBARA ANN PICKELS

11/20/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DAILEY, TRACY
Address PO BOX 413
City-State-Zip: MONTICELLO FL 32345

Title MANAGER
Name DAILEY, MATTHEW ROBERT
Address PO BOX 413
City-State-Zip: MONTICELLO FL 32345

Title MANAGER
Name DAILEY, JOSHUA AARON
Address PO BOX 413
City-State-Zip: MONTICELLO FL 32345

Title MGR
Name PICKELS, BARBARA
Address PO BOX 413
City-State-Zip: MONTICELLO FL 32345

Title MANAGER
Name DAILEY, TRAVIS BRANDON
Address PO BOX 413
City-State-Zip: MONTICELLO FL 32345

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: BARBARA PICKELS

MANAGER

11/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date