

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013200

Entity Name: FLYNN FAMILY LIMITED PARTNERSHIP L.L.C.**Current Principal Place of Business:**623 BACK NINE DRIVE
VENICE, FL 34285**Current Mailing Address:**623 BACK NINE DRIVE
VENICE, FL 34285**FEI Number:** 20-8355733**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDA, FLYNN J
623 BACK NINE DRIVE
VENICE, FL 34285 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	FLYNN, LINDA J
Address	623 BACK NINE DRIVE
City-State-Zip:	VENICE FL 34285

Title	VP
Name	FLYNN, JOHN W
Address	623 BACK NINE DRIVE
City-State-Zip:	VENICE FL 34285

Title	DIR
Name	NYBERG, KATHLEEN
Address	56 LONGVIEW DRIVE
City-State-Zip:	MANCHESTER CT 06040

Title	DIR
Name	PAUL, JENNIFER
Address	4431 FINTINA COURT
City-State-Zip:	VENICE FL 34293

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: LINDA J FLYNN**PRESIDENT****04/10/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date