

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065612

**Entity Name:** 2561 SE CHARLESTON, LLC

**Current Principal Place of Business:**

1189 SW BROADVIEW ST  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

PO BOX 2907  
SOUTHAMPTON, NY 11969 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DUFFY, WILLIAM  
1189 SW BROADVIEW ST  
PORT ST LUCIE, FL 34983 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 MR.  
Name DUFFY, WILLIAM  
Address P.O. BOX 2907  
City-State-Zip: SOUTHAMPTON NY 11969

*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:** WILLIAM DUFFY

**OWNER**

**04/23/2015**

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

\_\_\_\_\_  
Date