## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L08000034636

Entity Name: 6031 POMPANO STREET, LLC

### **Current Principal Place of Business:**

C/O CUMMINGS & LOCKWOOD LLC 8000 HEALTH CENTER BLVD, SUITE 300 BONITA SPRINGS, FL 34135

## **Current Mailing Address:**

C/O CUMMINGS & LOCKWOOD LLC 8000 HEALTH CENTER BLVD, SUITE 300 BONITA SPRINGS, FL 34135 US

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

CLASP, INC. 3001 TAMIAMI TRAIL N. 4TH FLOOR NAPLES, FL 34103 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

### Authorized Person(s) Detail :

 
 Title
 MGR

 Name
 LOVEJOY, DIANE

 Address
 C/O CUMMINGS & LOCKWOOD LLC 8000 HEALTH CENTER BLVD., #300

 City-State-Zip:
 BONITA SPRINGS FL 34135

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.

MGR

SIGNATURE: DIANE LOVEJOY

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

04/14/2015 Date