

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001352

**Entity Name:** RJ FINKLE FAMILY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

889 SW GRAND RESERVE BLVD.  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

889 SW GRAND RESERVE BLVD.  
PORT ST. LUCIE, FL 34986

**FEI Number:** 26-3973776

**Certificate of Status Desired:** No

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

FINKLE, ROBERT J  
889 SW GRAND RESERVE BLVD.  
PORT ST. LUCIE, FL 34986 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 MGRM  
Name FINKLE, ROBERT R  
Address 889 SW GRAND RESERVE BLVD  
City-State-Zip: PORT ST LUCIE FL 34986

Title MGRM  
Name FINKLE, ELIZABETH R  
Address 889 SW GRAND RESERVE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34986

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J. FINKLE

**MANAGING MEMBER**

**04/26/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date