## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000004033

Entity Name: OGBURN'S BUSINESS SOLUTIONS L.L.C.

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

1753 BELLEAIR FOREST DR. F-8 C/O WALTER TERRY OGBURN BELLEAIR, FL 33756

## **Current Mailing Address:**

P.O. BOX 8762

SEMINOLE, FL 33775

FEI Number: 27-1676702 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WALTER TERRY OGBURN 1753 BELLEAIR FOREST DR. F-8 BELLEAIR, FL 33756 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

**FILED** Jan 29, 2016

**Secretary of State** 

CC8112466021

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

OGBURN, TERRY Name Name OGBURN, WALTER

Address 7603 SEMINOLE BLVD. Address 1753 BELLEAIR FOREST DR. F-8

City-State-Zip: BELLEAIR FL 33756 City-State-Zip: LARGO FL 33772

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: TERRY OGBURN

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

01/29/2016 Date